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Clinical Considerations in Speech Therapy for Female-to-Male Transgender Populations

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Clinical Considerations in Speech Therapy for Female-to-Male Transgender Populations

by

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Dedication

To my husband—you are central to everything I do. I am so blessed to share this life with you.

To my father—thank you for always being my biggest fan and believing in me when I forget to believe in myself.

To my mother—thank you for always listening, even when you have no idea what I am talking about. I would go crazy without you.

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Abstract

Clinical Considerations in Speech Therapy for Female-to-Male Transgender Population

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Purpose: The purposes of the present study consisted of primary, secondary, and tertiary purposes: 1) to determine what factors that can be addressed in speech therapy are the most important for female-to-male (FtM) transgender individuals in passing as their true gender, 2) to determine what factors may contribute to these individuals seeking speech therapy services and to the importance that they assign to speech therapy as part of the transition process, and 3) to determine awareness of this population in regards to the availability and scope of speech therapy services relative to transitioning or passing as their true gender.

Method: A 38-item survey was developed to address these research questions and a link to the online survey was distributed via email to various listservs, organizations, and personal contacts to assist in the electronic distribution of the survey link. The responses of the final participant pool of 63 respondents were evaluated.

Results: Overall, the participants ranked voice characteristics as the most important for passing followed by nonverbal communication and social language use. These broad

categories rankings are generally supported by the existing literature. Within category rankings revealed rankings that are in accord with the existing literature, others that oppose the existing literature, and others that have not been explored in the literature. The following factors stood out as possibly contributing to how important FtMs find speech therapy as facilitating their ability to live as their true gender: desire to pass, satisfaction with hormone related pitch changes, current overall presentation, and whether speech/language contribute to instances of not passing. Factors that appear to possibly contribute to how likely FtMs are to have sought speech therapy include: satisfaction with hormone related pitch changes, voice prior to transition, and if aspects of speech and language contribute to instances of not passing. Overall, FtMs have little awareness regarding speech therapy as part of the transition process, particularly for FtMs.

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INTRODUCTION

In recent decades, transgender clients have come to increasingly represent a portion of speech language pathologists' (SLPs) caseloads (Owen & Hancock, 2010; King, Linstedt, Jensen, & Law, 1999; Freidenberg, 2002), but there remains a significant paucity in the data regarding best treatment practice for this growing clinical population. Further, the data available are largely focused on the male-to-female (MtF) as opposed to the female-to-male transgender (FtM). This uneven focus relates to an assumed difference in need for speech-language treatment. FtMs who take male hormones experience a thickening of the vocal folds that typically results in a perceivably lower vocal pitch (Van Borsel, De Cuypere, Rubens, & Destaerke, 2000; Andrews, 1999; King, et al., 1999). Researchers have cited the pitch change that results from hormone therapy as the rationale for excluding the FtM population from their considerations (Freidenberg, 2002; Gelfer, 1999) or participant pool (Bodoin, Byrd, & Adler, in press; McNeill, Wilson, Clark, & Deakin, 2008). However, there are data to suggest that hormone related pitch change does not occur at satisfactory levels for all FtMs (Van Borsel et al., 2000; Söderpalm, Larsson, & Almquist, 2004) and, as has been argued significantly for the MtF population relative to female communication (Dacakis, 2002; Freidenberg, 2002; Van Borsel, Janssens, & De Bodt, 2009; Wilshire, 1995; McNeill, 2006), there is also more to male communication than the frequency of the pitch.

The exclusion of the FtM population on the basis of pitch changes due to hormone replacement therapy is problematic for several reasons. First, studies have shown that FtM clients are not always completely satisfied with the pitch change resulting from hormone therapy. Their satisfaction has been limited because of minimal

to no change and/or a longer time period prior to experiencing change (Van Borsel et al., 2000; Söderpalm et al., 2004), negative effects to singing voice (Constansis, 2008; Pickering & Maquit, 2010), and excessive muscular tension (Adler & Van Borsel, 2006; Pickering & Maquit, 2010). In addition to the data that suggest hormonal therapy may not provide the expected results, we must consider that not all FtMs will elect to take hormones; a consideration that Davies and Goldberg (2006) found was widely ignored in the existing literature. Furthermore, disregarding the FtM population on the basis of pitch change alone implies that pitch is the only vocal characteristic that this population would find important to their transition process.

In English speakers, females are judged to have more dynamic intonation with more frequent upward inflections than males (Thornton, 2008). Thornton (2008) advises that FtM clients should work towards a narrower pitch range while avoiding being monotone. Breathiness has also been found to contribute to listener perceptions of femininity (Van Borsel et al., 2009). Female articulatory patterns tend to be lighter and more precise while male articulatory patterns tend to be produced with more effort and less precision (Andrews, 1999). Female speakers of European languages have been found to possess longer duration vowel sounds and to have longer voicing during isolated words as well as phrases (Andrews, 1999). Men are thought to speak slightly louder than women, and decreasing intensity is sometimes included as a treatment goal for MtFs (Dacakis, 2002). Focusing solely on pitch change under mines the importance of nonverbal aspects of communication (e.g. facial expressions, gestures, posture, body positioning, eye contact, use of touch, and proximity) and social language use

characteristics (e.g. specific words or vocabulary used, specific expression used) as factors relative to presentation and perception of gender.

Byrne, Dacakis, and Douglas (2003) found that in addition to pitch, phonetic, linguistic, and nonverbal characteristics also play a role in perception of gender. Additionally, Van Borsel and colleagues (2000) reported that 14 out of 16 FtM participants (88%) considered masculinization of communication to be as or more important than sex reassignment surgery. It is therefore likely that FtM clients could benefit from speech therapy for pitch as well other characteristics related to the voice, speech, non-verbal characteristics, and language use.

The American Speech-Language-Hearing Associations' (ASHA) Scope of Practice in Speech Language Pathology provides a list of clinical services that speech-language pathologists provide, including "services to modify or enhance communication performance (e.g. accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness)" (ASHA, 2012c). ASHA's Code of Ethics Principles of Ethics I Rule C states "individuals shall not discriminate in the delivery of professional service or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability" (ASHA, 2012a). Principles of Ethics 1 Rule A states that "individuals shall provide all services competently" (ASHA, 2012a). Speech-language pathologists (SLPs) must have an understanding of the clinical needs and preferences of this population in order to serve these clients to the best of their abilities. Furthermore, ASHA's Position Statement on Evidence-Based Practice urges that "speech-language pathologists recognize the needs,

abilities, values, preferences, and interests of individuals and families to whom they provide clinical services, and integrate those factors along with best current research evidence and their clinical expertise in making clinical decisions" (ASHA, 2012b).

To our knowledge, there are no comprehensive data based resources on the clinical needs and preferences of the FtM population as directly reported by a sample of this population. Voice therapy with FtM clients has been found to significantly lower fundamental frequency and improve stability of a lower range (Pickering & Maquit, 2010; Söderpalm et al., 2004) though empirical evidence is limited to a small number of case studies. The primary purpose of the present study is to determine what factors relative to speech therapy treatment are considered by FtMs as being the most important to passing or being perceived as male. This is especially important with this population because when many FtM clients initially meet with the SLP because they feel that their current presentation has left something to be desired, they are unsure of what particular areas they want to address in speech therapy (Adler & Van Borsel, 2006). The most prevalent concern of FtM clients is that while pitch is acceptable, other mannerisms and/or something about how their voices sounds is incongruent with outward appearances or does not feel right personally (Adler & Van Borsel, 2006). Information gained from the present study will help SLPs to effectively meet the treatment needs of transgendered clients based on client preference.

Review of terminology and concepts

Transgender is a relatively new term that has met widespread use only in the most recent decades and its meaning is still in a state of development (Stryker, 2008). It is considered an umbrella term used for individuals who live outside of their culture's

normative sex/gender relations (Namaste, 2000), for individuals who move away from their birth-assigned gender by "crossing the boundaries constructed by their culture to define and contain that gender" (Stryker, 2008). Stryker (2008) further elaborates on the term by clarifying that these individuals move away from their birth-assigned gender for varying reasons: some may feel that they belong to another gender; some feel that they belong as some gender not clearly defined or established; and some may operate from the need to disassociate from pre-established expectations bound up with a gender that they did not choose in the first place.

Some transgender people desire to pass, or achieve *passability*, as the gender that they present themselves in, rather than the gender that they were assigned to at birth. *Transitioning* is the process that people go through as they change their gender expression and/or physical appearance (e.g. through hormones and/or surgery) to better align their outward presentation with their gender identity ("Glossary of Gender," 2010). Transitioning may be accompanied by a desire to pass, but they should ultimately be considered to be independent of each other as transitioning to align with one's gender identity should not imply that said gender identity is the equivalent of one of their culture's conventionally defined genders. *True gender* is based on one's gender identity, regardless of whether that gender identity reflects one's gender assigned at birth ("Gender Identity Myths and Facts", 2012).

Importance of factors for passing as considered by population

Resources available for SLPs regarding the FtM population are often based on other SLPs' clinical experience and opinion with minimal to no information from the perspective of the FtM population (Davies & Goldberg, 2006; Adler & Van Borsel,

2006). Our review of the research did not reveal any studies that directly sampled the FtM population to gain insight into what areas they find to be most important to address in speech therapy. As research is limited, most clinical practice recommendations are based on current practice standards or theoretical rationale rather than empirical support (Davies & Goldberg, 2008). Having resources that explore client preferences will help SLPs move away from their personal assumptions toward the client's authentic need and, as a result, will enhance our evidence-based practice with this unique clinical population.

Factors contributing to views of importance of speech therapy as part of the transition process

SLPs work with transgender clients on acquiring communication styles that are in congruence with their gender identities, helping them to achieve passability across different situations (Thornton, 2008). The desire for passability can be influenced by many factors, including: how the client defines their gender; community norms; beliefs and expectations of friends, family, and coworkers, among others; amount of social and community support; and experiences of mistreatment (Davies & Goldberg, 2008). To our knowledge, there is no published research to date that explores actual correlations of these or similar factors to the degree of importance that FtMs assign to speech therapy as part of the transition process or to instances of FtMs having sought speech therapy services. Sensitivity to these factors is important as these factors will shape and impact the therapy process and vary with the personal experience of each client (Freidenburg, 2002).

Awareness of services and client satisfaction

In Bodoin et al. (in press), an ancillary finding of the authors' survey research found that many MtF transgender individuals were not aware of speech therapy as an option during the transition process. Bodoin et al. (in press) also reported that they received correspondence through email from FtMs expressing interest in speech and

language therapy and concern over their apparent exclusion from their particular study as well as past research studies related to speech-language services for the transgender population. Our review of the literature did not reveal any evidence regarding the percentage of transgender individuals who are aware of these services. We also did not find any research involving the satisfaction of FtM transgender clients with any speech and language therapy that they had received.

Present Study

The purpose of the present study was three-fold. The primary purpose was to determine what factors that can be addressed in speech therapy are considered to be the most important by FtMs in passing as their true gender. This was explored relative to factors concerning how FtMs rated different aspects related to voice quality, language, and nonverbal communication in terms of each factor's importance in passing as one's true gender. The second purpose was to determine what factors might contribute to FtMs seeking speech therapy services and to the level of importance FtMs assigned to speech therapy as part of the transition process. This was explored through factors such as desire to pass as one's true gender, gender identity, geographic location, age, age at which they began utilizing activities and procedures as part of the transition process, acceptance of their trans identity from friends and family, impact from other trans individuals, how often they perceive negative reactions from others as a result of not passing for their true gender, how masculine or feminine they rated their presentation before beginning to transition and at present on a variety of factors of presentation, and other aspects related to each individual's personal background and culture. The third and final purpose was to determine the awareness of FtMs in regards to the option and scope of speech therapy services in relation to transitioning or passing as their true gender. This was explored by examining factors regarding what aspects of speech therapy services they are aware of as being available to transgender individuals as part of facilitating presentation as one's true gender, how they had been made aware of these services, why they have or have not

sought these services in the past, and how satisfied they were with these services and why.

It was expected that FtMs would rate pitch as one of the more important characteristics in passing as their true gender, but that considerable variance would exist among participants on which factors that they found most important for passing. Pitch was expected to be ranked as more important because it is universally accepted as the voice feature that most effectively distinguishes between males and females (Dacakis, 2002), and it also the aspect that FtMs have probably heard the most about. In regards to factors that might contribute to how important FtMs rate speech therapy in terms of it facilitating their abilities to live as their true genders, it was expected that a relationship would exist between level of importance and desire to pass. Additionally, it was expected that having a more masculine presentation prior to transition and having had more support from family and friends in regard to their transition or trans identity would both have a negative relationship with how important they rated speech therapy relative to the transition process. A positive relationship was also expected between the frequency of unfavorable reactions as a result of not passing as one's true gender and the rating of importance given to speech therapy. It was expected that FtMs with less primarily masculine gender identities and those that do not live as "male" in their day to day life may place less importance on speech therapy. Similar relationships to those involving the level of importance assigned to speech therapy were expected for the likelihood that FtMs had previously sought speech therapy. We expected that a considerable proportion of the participants would not be aware of the availability of speech therapy as part of the transition process and that a narrow view of the extent of these services in relation to facilitating passability would prevail.

METHOD

Pilot study

To insure that the survey we employed for the present study was clear, concise and that the terms used were neutral and appropriate for exploration of our target population, the initial draft of the survey was sent for critical review to an FtM individual who is considered to be an informed advocate for transgender populations. As part of his critique, the reviewer was instructed to provide revisions for the clarity of the questions, as they would appear to participants. He was also instructed to review the survey for its cultural sensitivity and to ensure the usage of the most appropriate language and wording for this population. As a result of this consultation, some questions and terms were rephrased to better reflect the language used by the transgender community. Additional answer options for some questions were also suggested as a means to enable participants to select options that would better reflect their varied life experiences. The reviewer also suggested the addition of two new questions to help explore our research more in depth. All suggestions were considered and incorporated into the final draft of the resulting 38-question survey.

Survey Development

The revised, final survey distributed in the present study was comprised of 38 items developed to identify the following: 1) which factors that can be addressed in speech therapy are considered the most important by transgender individuals in terms of passing as their true gender, 2) the factors that may contribute to their having sought speech therapy services and to how important transgender individuals find speech therapy as part of their transition process, and 3) the level of awareness that transgender persons have in regards to the option and scope of speech therapy services relative to transitioning or passing as their true gender (Refer to Appendix A to view the final version of the survey as submitted to participants).

The questions at the beginning of the survey were written to collect background information including zip code, urban versus rural geographic location, age, and assigned gender at birth. Several additional questions were posed to obtain information relative to each participant's trans identity: whether they consider themselves to be trans, what gender they most identify with, and what gender they live as in their day-to-day life as well as what procedures or activities they may have engaged in as part of transitioning to their true gender. These questions were included to ensure that participants do identify to some degree as being transgender. Identification of oneself as being transgender is personal and the degree to which and ways in which one identifies with being trans will vary between members of this population, but it was deemed necessary that participants included in the results of this survey needed to identify as being trans to some degree.

Several questions were also included to address participants' awareness of speech therapy services for transgender individuals. Before participants were able to view any questions that might reveal areas of treatment in speech therapy, they were asked in an open-ended question to provide any areas that they were aware of. Additionally, the survey included questions regarding who may have informed them previously about speech therapy for transgender clients, whether or not they had participated in speech therapy as part of their transition process and what areas they had wanted to address, their degree of satisfaction with the services as well as how knowledgeable they felt the speech-language pathologist was in regards to working with transgender individuals, why they had or had not sought speech therapy services, and how important they believed speech therapy to be in facilitating their ability to live as their true gender.

Another set of questions was designed to explore how important participants felt it was to pass as their true gender and how important they found different areas of verbal and nonverbal speech and communication to be in terms of being perceived as their true gender. The areas in question included voice qualities (e.g. pitch, breathiness, intonation, loudness, articulation, and duration of voicing), nonverbal communication (e.g. facial

expression, gestures, posture/body positioning, eye contact, touching during conversation, and proximity during conversation), and social language use (e.g. specific words and verbal expressions used) and some questions involved participants applying a rank order value to these characteristics.

Following these items, a series of questions was included that asked participants to rate how in line with their true gender they would rate their voice, nonverbal communication, and social language use both before beginning to transition to their true gender and at present. The concluding questions explored how satisfied participants were with any pitch changes that resulted from any hormone therapy, how accepting their family and friends were of their trans identity, and how often they feel that they receive negative reactions as the result of not passing and what areas of their presentation they feel could contribute to these reactions. The final two questions were open-ended and asked participants to explain any influence that transgender friends or contacts may have had on their desire to pass as well as their decision or likelihood to seek speech therapy and to explain any aspects of their own personal background and culture that they believe to have contributed to their desire to pass as their true gender.

Selection of Survey Distribution Method

A web-based survey method was chosen for distribution of the survey rather than a paper-based or mixed method mode of distribution. Greenlaw and Brown-Welty (2009) evaluated the costs and response rates for paper-based surveys, web-based surveys, and combined method paper- and web-based surveys. They found that the mixed-mode administration yielded the highest number of responses (60.72%), but at a significantly higher cost than the web-based survey which yielded the second highest response rate (52.46%) over the paper-based method's 42.03% response rate. Carini, Hayek, Kuh, Kennedy, and Ouimet (2003) found that benefits of web-based survey research included lower costs, higher response rates, broader distribution, faster turnaround times, and easier, more accurate data entry.

In addition to these purported advantages, it was also hypothesized that due to the personal nature of the subject matter that a web-hosted survey would have the advantage of not requiring actual names, addresses, or contact information. The survey was sent primarily to listservs, organizations, and support groups for transgender persons and secondarily forwarded on to members of these groups. Having to obtain specific contact information for enough individuals would have further prohibited development of a paper and pencil survey.

Participants

RECRUITMENT AND INFORMED CONSENT

The survey was uploaded to and hosted by Survey Monkey (http://www.surveymonkey.com). Two cover letters approved by the University of Texas Institutional Review Board were used as the body of the email when electronically distributing the survey. The first letter was written for the director or contact person for organizations and listservs, explaining the purpose of the study and asking that they forward the second cover letter to members of their organization. The second cover letter was written for individual participants and included the purpose of the study along with the link to the survey and instructions on how to participate. Upon clicking the link, participants were presented with a confidentiality statement that included the IRB approval number, the purpose of the study, and confidentiality information. The confidentiality statement also included a statement explaining that participation was voluntary and that they may withdraw from the study at any time without penalty. Another statement was included to explain that while there was no cost to participate, participants would not be monetarily compensated for their contributions. After reading the confidentiality statement, each participant was asked if he agreed to participate in the survey with an option to answer either "yes" or "no." A response of yes resulted in the participant having access to the survey.

Participants were obtained using three recruitment strategies. The first strategy consisted of the distribution of both cover letters through email to transgender support organizations and listservs throughout the country, and recipients were requested to forward the email to the members of their organization (See Appendix C for a list of the organizations that we contacted directly.) The second strategy involved sending the cover letter for participants to personal contacts that are involved in the transgender community who had previously agreed to help with distribution. The third strategy was to encourage all recipients to forward the email to any transgender contacts that might be willing participate in the study. It is possible that the email was then forwarded to other organizations, websites, listservs, or individuals (i.e., snowballing). Snowballing allows persons initially contacted to be included in a sample to refer information for participation to others eligible for participation. Out of concern for the privacy of participants, we did not request identifying information sufficient to determine exactly how each participant was invited to take the survey. These strategies yielded a total of 95 participants who attempted the survey between January and March 2013.

EXCLUSIONARY CRITERIA

The survey link was distributed through emails, listservs, and organizations, and participants were encouraged to forward the link to other potential participants. Therefore, the survey could be accessed by individuals who did not necessarily fit the purpose of the present study. To ensure that that the final participant pool was appropriate for the purposes of the study, the following exclusionary criteria were applied: 1) indication that the individual did not identify as trans (transgender, transsexual, genderqueer, or a person with a history of transitioning to their true gender) 2) indication that the individual's birth-assigned gender was male, 3) indication that the individual identified as female or primarily feminine rather than male or primarily masculine, both male and female, or neither male nor female, or 4) the individual failed to respond to multiple questions. Seventeen participants indicated that their birth-

assigned gender was male. These participants all indicated being trans and were included in an equivalent thesis that used the same survey to address the same research questions as the present study in regards to the MtF population. One participant indicated having a birth-assigned gender of female, did not consider herself trans, and identified as being female or primarily feminine. A total of six respondents failed to consecutively answer between 15 and 24 of the final questions. It was not required that all questions be answered, but these participants were excluded as they did not answer enough questions beyond the initial background questions to adequately address our research questions. Furthermore, it was assumed that these respondents discontinued the survey due to fatigue, boredom, web server/computer difficulties, or confusion about how to rank order the options of several questions. As a result, a total of 17 participants were excluded from the present study and used in the complementary thesis regarding the MtF population and an additional seven participants were excluded from the present study based on the remaining criteria.

FINAL PARTICIPANT POOL

To review, between January and March 2013, 95 respondents participated in the web-hosted survey. After applying the exclusionary criteria, 63 responses were deemed complete and appropriate for the present study and thereby included in the final data corpus. Refer to Table 1 (See Appendix E) for a detailed breakdown of the demographic characteristics of the participants, including geographic region, geographic description, zip code, age range, and descriptor of gender identification.

Geographic Location

Participants were asked to describe their geographic location as either urban, suburban, or rural. Thirty-one participants (49.2%) lived in the Western U.S., 15 participants (23.8%) lived in the Northeastern U.S., seven participants (11%) lived in the Southern U.S., four participants (6.3%) lived in the Midwestern U.S., four participants (6.3%) lived in Europe, and two participants (3.2%) lived in Canada.

Geographic Description

The majority of participants (52.4%, n=33) indicated that their geographic location was urban, followed by 41.3% (n=26) participants that indicated a suburban geographic location, and 6.3% (n=4) participants that indicated living in a rural geographic location. See Table 1 (Appendix E) for a complete list of participants' zip codes, geographic location, and geographic descriptor.

Age

The age breakdown of the 63 participants was as follows: 25.4% (n=16) were between 18 and 30 years old, 12.7% (n=8) were between 31 and 40 years old, 30.2% (n=19) were between 41 and 50 years old, 25.4% (n=16) were between 51 and 60 years old, and 6.3% (n=4) were over 60 years old.

Gender Identification

All 63 participants indicated that they consider themselves to be trans (transgender, transsexual, genderqueer, or a person with a history of transitioning to their true gender). Sixty of the 63 respondents (95.2%) reported currently identifying as "male or primarily masculine". The remaining respondents indicated identifying as "both male and female" (3.2%, n=2) or "neither male nor female" (1.6%, n=1).

Day-to-day Gender

Fifty-six of the 63 respondents (88.9%) indicated that they live as "male "in their day-to-day life. The remaining respondents indicated living as "female" (1.6%, n=1); "sometimes male, sometimes female" (1.6%, n=1), or "genderqueer, androgynous, or something other than male or female" (7.9%, n=5).

Procedures and Activities Undertaken as Part of the Transition Process

The survey included a list of procedures and activities that are commonly undertaken as part of transitioning. Participants were instructed to check all items that applied to their experience of transitioning. Alternatively, the list included four options to explain why a participant had not undertaken any of the procedures or activities. All

63 participants answered the question and indicated participating in the following procedures and activities at the following rates: "psychotherapy or counseling"= 82.5% (n=52); "hormone therapy"= 88.9% (n=56); "mastectomy or chest reconstruction"= 79.4% (n=50); and "any operations to remove or modify reproductive organs or genitalia"= 49.2% (n=31). One respondent indicated that they had undertaken "none of the above, but I plan to in the future." This respondent, however, also indicated that they had undergone "psychotherapy or counseling," and we concluded that this individual meant that they would like to pursue other activities or procedures in the future. Two respondents indicated that they had undertaken "none of the above, and I'm not sure yet if I will in the future." No participants indicated the remaining alternative answers ("none of the above, and I don't plan to in the future because I prefer a natural transition" or "none of the above, and I don't plan to in the future because I feel like I can adequately express my true gender identity without utilizing therapeutic, hormonal, or surgical intervention"). The majority of the 61 participants who had utilized any of the activities and procedures listed (38.1%, n=24), indicated that they began utilizing any one or more of these activities or procedures between the ages of 18 and 30, followed by 23.8% (n=15) between the ages of 41 and 50, 20.6% (n=13) between the ages of 31 and 40, 11.1% (n=7) between the ages of 51 and 60, 1.6% (n=1) before age 18, and 1.6% (n=1) at over 60 ages years of age.

RESPONSE RATE PER QUESTION

Although 63 participants completed the survey, there were not 63 answers to all 38 questions. Two questions were open-ended and not all participants were expected to have any information to add for these questions. Several questions only applied to some participants, and rather than marking "N/A," some participants did not provide an answer. Based on their answers to previous questions, it was determined that "N/A" would have been the appropriate response to these items. This occurred for questions regarding specific information about speech therapy sought (See Appendix A, Items 27-

30); skip logic was not employed and some participants skipped these questions after indicating that they had not sought speech therapy for a previous item (See Appendix A, Item 26). It was not required that respondents answer every question, and 8 participants skipped 1 to 5 questions either accidentally or volitionally. These missing questions are accounted for in the results. See Appendix B for the total number of responses per item for the final pool of participants.

RESULTS

To review, the primary purpose of the present study was to identify the factors FtM individuals consider to be the most important in passing as their true gender. Specifically, we explored participants' ratings of different aspects of voice, language, and nonverbal communication in terms of how they rated each factor's importance in passing as their true gender.

The study also explored what factors contribute to FtMs seeking therapy services and to the level of importance FtMs assign to speech therapy in facilitating their ability to live as their true gender. The factors that were considered included 1) age; 2) geographic location by region and description; 3) age at which they first began partaking in activities and procedures as part of the transition process; 4) gender related factors such as gender identity, day-to-day gender, and desire to pass; 5) use of hormone therapy and satisfaction with pitch changes from hormone therapy; 6) self-ratings of gender presentation prior to transition and at present on factors such as overall presentation, voice, nonverbal communication, and social language use; and 7) factors related to personal experiences such as acceptance of trans identity by family and friends, how often negative reactions are perceived as a result of not passing, what communication factors might contribute to instances of not passing, impact on desire to pass and/or decision to seek speech therapy from trans contacts, and other aspects of each individual's personal background and culture that they think may have influenced their desire to pass.

Additionally, the study also explored the awareness of FtMs in regards to the availability and scope of speech therapy services relative to passing as their true gender. Specifically, we explored what aspects of speech therapy services participants were aware of as being available to transgender individuals in facilitating presentation as one's true gender and how they had been made aware of these services. We also explored

reasons why they have or have not sought speech therapy services and if so, how satisfied they were with these services and why. Awareness was also considered in terms of the participants' age and geographic location.

As stated in the methodology section, the number of respondents varied for some questions (See Appendix B for response rates for each item). The proportions reported for each question were based on the total number of respondents for that question, not the total number of participants. The results are organized according to the three main research questions posed.

What factors that can be addressed in speech therapy do FtMs consider to be the most important in terms of being perceived as their true gender?

Participants were first asked to rank-order the three broader categories (voice qualities, nonverbal communication, and social language use) in terms of the importance these factors play in passing as their true gender. All 63 participants answered this question. Voice quality (e.g. pitch, breathiness, intonation, loudness, articulation, and duration) was rated as the most important factor by 57.1% (n=36) of respondents. Nonverbal communication (e.g. facial expression, gestures, posture/body positioning, eye contact, touching during conversation, and proximity during conversation) was rated as the second most important factor by 46% (n=29) of respondents. Social language use (e.g. specific words and verbal expressions used) was ranked as the least important factor by 71.4% (n=45) of respondents.

The averages of the applied rankings across all 63 participants indicate that, on average, participants ranked these broader categories from most to least important for passing in the following order: 1) voice qualities (averaged ranking= 1.57), 2) nonverbal communication (averaged ranking= 1.75), and social language use (averaged ranking= 2.68).

VOICE QUALITIES

Respondents rank-ordered six different areas of vocal qualities (pitch, intonation, breathiness, loudness, articulation, and duration) in terms of their importance in passing as their true gender. Sixty-two participants answered this question with the majority (77.4%, n=48) ranking pitch as the most important factor of vocal quality. Intonation was the characteristic most frequently ranked second by 58.1% of respondents (n=36). Loudness was the characteristic most frequently ranked third, ranked as such by 29% (n=18) of respondents. Breathiness was the characteristic most frequently ranked fourth, ranked as such by 33.9% (n=21) of respondents. Articulation was the factor most frequently ranked fifth, ranked as such by 37.1% (n= 23) participants. Duration was ranked as the least important by the majority of participants with 40.3% (n=25) of respondents applying this ranking.

The averages of the applied rankings across the 62 respondents for this question indicate that, on average, participants ranked vocal qualities from most to least important for passing in the following order: 1) pitch (averaged ranking= 1.31), 2) intonation (averaged ranking= 2.35), 3) articulation (averaged ranking= 4.03), 4) loudness (averaged ranking= 4.11), 5) breathiness (averaged ranking= 4.45), and 6) duration (averaged ranking= 4.74). Thus, while loudness, breathiness, and articulation were ranked most frequently as the third, fourth, and fifth most important factors, respectively, the number of responses they had across all rankings changed this order for the averaged rankings.

NONVERBAL COMMUNICATION SKILLS

Participants were asked to rank the following six nonverbal characteristics in terms of their importance in passing as their true gender: facial expressions, gestures, posture and body positioning, eye contact, touching during conversation and proximity during conversation. Sixty-two participants responded to this question, and the majority of participants (46.8%, n= 29) indicated that posture and body positioning was the most

important nonverbal characteristic. The factor most frequently ranked second was gestures, ranked as such by 29% (n=18) of the participants. At 27.4% (n= 17), gestures was also the factor most frequently ranked third. It was followed closely by facial expressions which was ranked third most important by 25.8% (n= 16) of respondents. Eye contact was the characteristic most frequently ranked fourth, as ranked by 38.7% (n= 24) of participants. The factor ranked as fifth most important by the majority of participants (35.5%, n= 22) was touching during conversation. The factor most frequently ranked by participants as the least important (43.5%, n= 27) was proximity during conversation.

The averages of the applied rankings across the 62 respondents for this question indicate that, on average, participants ranked nonverbal characteristics from most to least important for passing in the following order: 1) posture and body positioning (averaged ranking= 1.97), 2) gestures (averaged ranking= 2.85), 3) facial expressions (averaged ranking= 3.06), 4) eye contact (averaged ranking= 3.84), 5) touching (averaged ranking= 4.53), and 6) proximity (averaged ranking= 4.74).

SOCIAL LANGUAGE USE CHARACTERISTICS

Participants also ranked the following two factors of social language use in terms of their importance for passing: specific words used and expressions used. Sixty participants answered this question. Expressions used was ranked as the most important factor by 53.3% of participants (n= 32) while specific words used was ranked as the most important factor by the remaining 46.7% of participants (n= 28). The averages of the applied rankings across the 60 participants indicate that, on average, participants ranked specific words used at 1.53 and expressions used at 1.47.

What factors might contribute to FtMs seeking therapy services and to the level of importance FtMs assign to speech therapy in facilitating their ability to live as their true gender?

A variety of factors were explored in relation to FtMs having sought speech therapy services and to the level of importance that FtMs assign to speech therapy in facilitating their ability to live as their true gender. These factors included: demographic characteristics such as age, geographic location by region and description, and age at which they first began partaking in activities and procedures as part of the transition process; gender characteristics such as gender identity, day-to-day gender, and desire to pass; hormone-therapy related factors such as use of hormone therapy and satisfaction with pitch changes from hormone therapy; self-ratings of gender presentation prior to transition and at present on factors such as overall presentation, voice, nonverbal communication, and social language use; and factors related to personal experiences such as acceptance of trans identity by family and friends, how often negative reactions are perceived as a result of not passing, what communication factors might contribute to instances of not passing, impact on desire to pass and/or decision to seek speech therapy from trans contacts, and other aspects of each individual's personal background and culture that they feel may have influenced their desire to pass.

All 63 participants answered a question regarding how important they consider speech therapy as facilitating their ability to live as their true gender. The majority of respondents (28.6%, n=18) indicated that they considered speech therapy to be "very unimportant" in this context. The remainder of respondents rated the importance of speech therapy as follows: 20.6% (n=13) as "neither unimportant nor important," 15.9% (n=10) as "fairly unimportant," 14.3% (n=9) as "fairly important," 11.1% (n=7) as "very important," 6.3% (n=4) as "unimportant," and 3.2% (n=2) as "important."

Nine of the total 63 respondents (14.3%) indicated having sought speech therapy, regardless of whether or not they were able to actually attend speech therapy. However,

one of the nine respondents was determined to have marked that they had sought therapy in error, as their other responses revealed that they had not sought therapy, leaving a final total of eight respondents (12.6%) who had sought speech therapy in the past.

DEMOGRAPHIC FACTORS

The following demographic factors were explored in relation to the level of importance participants assigned to speech therapy in facilitating their ability to live as their true gender as well as to instances of participants having sought speech therapy: current age, geographic location by region, geographic location by description, and age at which they began using any procedures and/or activities as part of transitioning.

Current age

There were five specific age ranges for the present study: 1) 18-30; 2) 31-40; 3) 41-50; 4) 51-60; and 5) 61+. The 16 participants in the 18-30 age range rated the importance of speech therapy as follows: 43.4% (n= 7) as "very unimportant," 25% (n= 4) as "very important," 18.8% (n= 3) as "fairly unimportant," 6.3% (n= 1) as "neither unimportant nor important," and 6.3% (n= 1) as "fairly important." Only one out of the 16 participants (6.3%) in the 18-30 age range had sought speech therapy services.

The eight participants in the 31-40 age range rated the importance of speech therapy as follows: 25% (n= 2) as "fairly unimportant," 25% (n= 2) as "neither unimportant nor important," 25% (n= 2) as "fairly important," 12.5% (n= 1) as "very unimportant," and 12.5% (n= 1) as "very important." Only one of the eight participants (12.5%) in the 31-40 age range had sought speech therapy.

The 19 participants in the 41-50 age range rated the importance of speech therapy as follows: 31.6% (n= 6) as "very unimportant," 31.6% (n= 6) as "neither unimportant nor important," 10.5% (n= 2) as "fairly unimportant," 10.5% (n= 2) as "fairly important," 10.5% (n= 2) as "important," and 5.3% (n= 1) as "very important." Three of the 19 participants (15.8%) in the 41-50 age range had sought speech therapy services.

The 16 participants in the 51-60 age range rated the importance of speech therapy as follows: 25% (n= 4) as "very unimportant," 25% (n= 4) as "fairly important," 18.8% (n= 3) as "unimportant," 18.8% (n= 3) as "neither unimportant nor important," and 12.5% (n= 2) as "fairly unimportant." Three participants (18.8%) of the 16 participants in the 51-60 age range had sought speech therapy services.

The 4 participants over age 60 rated the importance of speech therapy at a rate of 25% (n= 1) in each of the following categories: "unimportant," "fairly unimportant," "neither unimportant nor important," and "very important." No participants over age 60 had sought speech therapy services.

Geographic location by region

Western U.S.

The 31 respondents that reported living in the Western U.S. rated the importance of speech therapy as follows: 29% (n= 9) rated it "very unimportant," 22.6% (n= 7) rated it "neither unimportant nor important," 19.4% (n= 6) rated it "fairly important," 12.9% (n= 4) rated it "fairly unimportant," 6.5% (n= 2) rated it "unimportant," 6.5% (n= 2) rated it "very important," and 3.2% (n= 1) rated it "important." Four respondents (12.9%) that live in the Western U.S. reported that they had sought speech therapy.

Northeastern U.S.

The 15 participants that reported living in the Northeastern U.S. rated the importance of speech therapy as follows: 33.3% (n= 5) rated it "very unimportant," 20% (n= 3) rated it "fairly unimportant," 20% (n= 3) rated it "neither unimportant nor important," 13.3% (n= 2) rated it "very important," 6.7% (n= 1) rated it "unimportant," and 6.7% (n= 1) rated it "important." Two participants (13%) from the Northeastern U.S. reported that they had sought speech therapy services.

Southern U.S.

The seven respondents that indicated living in the Southern U.S. rated the importance of speech therapy as follows: 28.6% (n= 2) rated it "very unimportant,"

28.6% (n= 2) rated it "neither unimportant nor important," 14.3% (n= 1) rated it "unimportant," 14.3% (n= 1) rated it "fairly unimportant," and 14.3% (n= 1) rated it "fairly important." No participants from the Southern U.S. reported that they had sought speech therapy services.

Midwestern U.S.

The four participants from the Midwestern U.S. all provided a different rating of importance for speech therapy with one providing a rating of "very unimportant," one providing a rating of "fairly unimportant," one providing a rating of "neither unimportant nor important," and one providing a rating of "very important." One of the four respondents from the Midwestern U.S. had sought speech therapy services.

Europe

Similar to the respondents from the Midwestern US, the four participants from Europe each provided a different rating of importance of speech therapy with one rating it as "very unimportant," one as "fairly unimportant," one as "fairly important," and one as "very important." One participant from Europe had sought speech therapy services.

Canada

Of the two participants from Canada, one rated speech therapy as "fairly important" and the other rated it as "very important." Neither of the participants from Canada reported they had sought speech therapy services.

Geographic location by description

Urban

Of the 33 participants that indicated living in an urban area, 27.3% (n= 9) rated speech therapy as "very unimportant," 18.2% (n= 6) rated speech therapy as "neither unimportant nor important," 18.2% (n= 6) rated speech therapy as "very important,"15.2% (n= 5) rated speech therapy as "fairly unimportant," 15.2% (n= 5) rated speech therapy as "fairly important," and 6.1% (n= 2) rated speech therapy as

"unimportant." Four of the participants (12.1%) living in an urban area had sought speech therapy.

Suburban

Of the 26 participants that reported living in a suburban locale, 26.9% (n= 7) considered speech therapy "very unimportant," 23.1% (n= 6) considered speech therapy "neither unimportant nor important," 15.4% (n= 4) considered speech therapy "fairly unimportant,"15.4% (n= 4) considered speech therapy "fairly important," 7.7% (n= 2) considered speech therapy "unimportant," 7.7% (n= 2) considered speech therapy "important," and 3.9% (n= 1) considered speech therapy "very important." Three of the participants (11.5%) living in a suburban area had sought speech therapy.

Rural

Of the four participants living in a rural area, two participants considered speech therapy "very unimportant" and one participant each considered speech therapy "fairly unimportant" and "neither important nor unimportant." One participant living in a rural location had sought speech therapy services.

Age at which participants began partaking in activities and procedures

One participant began utilizing activities and procedures relative to their transition before age 18 and rated speech therapy as "fairly unimportant." He reported that he had not sought speech therapy.

The 24 participants who began utilizing activities or procedures to transition between the ages of 18 and 30 rated speech therapy as follows: 33.3% (n= 8) chose "very unimportant, 20.8% (n= 6) chose "very important," 16.7% (n= 4) chose "fairly unimportant," 12.5% (n= 3) chose "neither unimportant nor important," 12.5% (n= 3) chose "fairly important," and 4.2% (n= 1) chose "important." Two of these 24 participants (8.3%) had sought speech therapy.

The 13 participants who began partaking in activities or procedures as part of their transition between the ages of 31 and 40 rated speech therapy as follows: 30.8% (n=

4) selected “very unimportant,” 30.8% (n= 4) selected “neither unimportant nor important,” 15.4% (n= 2) selected “fairly important,” 7.7% (n =1) selected “unimportant,” 7.7% (n =1) selected “fairly unimportant,” and 7.7% (n= 1) selected “very important.” Two of these 13 participants (15.4%) had sought speech therapy.

The 15 participants who began using activities and procedures relative to transition between the ages of 41 and 50 rated speech therapy as follows: 33.3% (n= 5) considered it “neither unimportant nor important,” 20% (n= 3) considered it “very unimportant, 20% (n= 3) considered it “fairly important,” 13.3% (n= 2) considered it “fairly unimportant,” 6.7% (n= 1) considered it “unimportant,” and 6.7% (n= 1) considered it “very important.” Two of these 15 respondents (13.3%) indicated that they had sought speech therapy.

The seven respondents who began using activities and procedures relative to transition between ages 51 and 60 rated speech therapy as follows: 28.6% (n= 2) rated it “very unimportant,” 28.6% (n= 2) rated it “unimportant,” 14.3% (n= 1) rated it “neither unimportant nor important,” 14.3% (n= 1) rated it “fairly important,” and 14.3% (n= 1) rated it “very important.” Two of these seven respondents (28.6%) had sought speech therapy.

One participant began using transition related procedures and activities after age 60 and rated speech therapy as “fairly unimportant.” He had not sought speech therapy.

Two participants had not yet used any procedures or activities and they rated speech therapy as “very unimportant” and “fairly unimportant.” Neither of these participants had sought speech therapy.

GENDER-RELATED FACTORS

The following gender related factors were explored in relation to the level of importance participants assigned to speech therapy in facilitating their ability to live as their true gender: gender identity, day-to-day gender, and desire to pass. These same

factors were also explored in relation to instances of participants having sought speech therapy.

Gender identity

The two participants that identified as "both male and female" considered speech therapy "fairly unimportant" and "very unimportant," and neither had sought speech therapy. The one participant that indicated identifying as "neither male nor female" had sought speech therapy and indicated that they considered speech therapy to be "neither important nor unimportant" in facilitating their ability to live as their true gender.

The remaining 60 participants indicated that they most identified as "male or primarily masculine" and rated speech therapy as follows: 30% (n= 18) chose "very unimportant," 20% (n= 12) chose "neither unimportant nor important," 15% (n= 9) chose "fairly unimportant," 15% (n= 9) chose "fairly important," 11.7% (n= 7) chose "very important," 6.7% (n= 4) chose "unimportant," and 3.33% (n= 2) chose "important." Seven of the 60 participants (11.7%) that identified as "male or primarily masculine" had sought speech therapy services.

Day-to-day gender

Of the five respondents who indicated that they live in their daily life as "genderqueer, androgynous, or something other than male or female," two (40%) considered speech therapy to be "very unimportant", one (20%) considered it "fairly unimportant", one (20%) considered it "neither unimportant nor important," and one (20%) considered speech therapy as "very important." One (20%) of these five participants had sought speech therapy. Neither the respondent who indicated living their day-to-day life as "female" nor the respondent who indicated living their day-to-day life as "sometimes male, sometimes female" had sought speech therapy, and they considered it "very unimportant" and "fairly unimportant," respectively, in facilitating their ability to live as their true gender.

Of the remaining 56 participants who indicated living as "male" in their day-to-day lives, 26.8% (n= 15) considered speech therapy "very unimportant," 22.6% (n= 12) considered it "neither unimportant nor important," 17% (n= 9) considered it "fairly important," 14.3% (n= 8) considered it "fairly unimportant," 10.7% (n= 6) considered it "very important," 7.1% (n= 4) considered it "unimportant," and 3.6% (n= 2) considered it "important." Seven of the 56 participants (12.5%) who lived as "male" in their day-to-day lives had sought speech therapy services.

Self-reported importance of passing

All 63 respondents answered a question regarding how important it is to them personally to pass as their true gender. The results were as follows: 55.6% (n= 35) selected "very important," 25.4% (n= 16) selected "important," 11.1% (n= 7) selected "fairly important," 6.3% (n= 4) selected "very unimportant," and 1.6% (n= 1) selected "fairly unimportant."

The 35 participants who rated passing as "very important" to them rated speech therapy as follows: 20% (n= 7) rated it "very unimportant," 20% (n= 7) rated it "neither unimportant nor important," 17.1% (n= 6) rated it "fairly important," 14.3% (n= 5) rated it "fairly unimportant," 14.3% (n= 5) rated it "very important," 8.6% (n= 3) rated it "unimportant," and 5.7% (n= 2) rated it "important." Five of these 35 participants (14.3%) had sought speech therapy services.

Of the 16 participants who indicated that passing was "important" to them, 25% (n= 4) considered speech therapy "very unimportant," 25% (n= 4) considered it "fairly unimportant," 12.5% (n= 2) considered it "very important," 6.3% (n= 1) considered it "unimportant," and 6.3% (n= 1) considered it "important." Three of these 16 participants (18.8%) had sought speech therapy services.

Of the seven participants who reported that passing was "fairly important" to them, 57.1% (n= 4) rated speech therapy as "very unimportant," 28.6% (n= 2) rated it as

"neither important, not unimportant," and 14.3% (n= 1) rated it as "fairly unimportant." None of these participants had sought speech therapy.

Of the four participants that indicated that passing was "very unimportant" to them, two (50%) rated speech therapy as "very unimportant" and the remaining two (50%) rated it as "fairly important." None of these participants reported that they had sought speech therapy.

The participant that indicated that passing was "fairly unimportant" to them rated speech therapy as "fairly unimportant." He had not sought speech therapy services.

HORMONE THERAPY-RELATED FACTORS

The level of importance assigned to speech therapy and the instances of participants having sought speech therapy were considered relative to whether participants had used hormone therapy and the satisfaction that they had with pitch changes resulting from hormone therapy.

Use of hormone therapy

Of the seven respondents who indicated that they had not utilized hormone therapy, only one respondent (14.3%) had sought speech therapy. These seven participants considered the importance of speech therapy in facilitating their true gender as follows: three (43%) considered it "fairly unimportant," two (28%) considered it "very unimportant," and two (28%) considered it "very important."

Of the remaining 56 respondents who did indicate having hormone therapy, 26.8% (n= 15) considered speech therapy "very unimportant," 23.2% (n= 13) considered it "neither unimportant nor important," 17% (n= 9) considered it "fairly important," 14.3% (n= 8) considered it "fairly unimportant," 8.9% (n= 5) considered it "very important," 7.1% (n= 4) considered it "unimportant," and 3.6% (n= 2) considered it "important." Seven of the 56 participants (12.5%) who had had hormone therapy had sought speech therapy services.

Satisfaction with pitch change resulting from hormone therapy

Fifty-six participants had participated in hormone therapy, but four of these marked "not applicable" for their satisfaction with pitch changes that resulted exclusively from hormone treatments. It is unclear whether these participants marked the wrong answer choice, were confused by the question, or had not been taking hormone treatments for enough time to expect an effect.

The remaining 52 respondents indicated their satisfaction with resulting pitch changes as follows: 38.5% (n= 20) reported being "moderately satisfied- considerable pitch change," 38.5% (n= 20) reported being "completely satisfied- desired pitch change was reached," 20.4% (n= 11) reported being "moderately unsatisfied- insufficient pitch change," and 1.9% (n= 1) reported being "completely unsatisfied- no noticeable pitch change."

Of the 20 respondents who were moderately satisfied with hormone-related pitch changes, speech therapy was rated as follows: 25% (n= 5) rated it "very unimportant," 25% (n= 5) rated it "neither unimportant nor important," 25% (n= 5) rated it "fairly important," 10% (n= 2) rated it "unimportant," 10% (n= 2) rated it "very important," and 5% (n= 1) rated it "fairly unimportant." One of these 20 participants (5%) had sought speech therapy.

The 20 participants who indicated being completely satisfied with hormone-related pitch changes rated speech therapy as follows: 40% (n= 8) selected "very unimportant," 20% (n= 5) selected "fairly unimportant," 10% (n=2) selected "neither unimportant nor important," 10% (n=2) selected "fairly important", 5% (n= 1) selected "unimportant, 5% (n= 1) selected "important", and 5% (n= 1) selected "very important." One of these 20 participants (5%) had sought speech therapy.

The 11 participants who reported being moderately unsatisfied with hormone-related pitch changes rated the importance of speech therapy as follows: 45.5% (n= 5) chose "neither unimportant nor important," 18.2% (n= 2) chose "fairly important," 9.1%

(n= 1) chose "very unimportant," 9.1% (n= 1) chose "unimportant," 9.1% (n= 1) chose "fairly unimportant," and 9.1% (n= 1) chose "very important." Three of these 11 participants (27.3%) had sought speech therapy.

The participant who indicated being completely unsatisfied considered speech therapy to be "very unimportant." He reported that he had sought speech therapy services in the past but was unable to find services for FtMs.

SELF-RATINGS OF GENDER PRESENTATION

Participants' considerations of the importance of speech therapy in facilitating their ability to live as their true gender were considered alongside multiple self-reported factors of presentation prior to transitioning as well as current presentation. Instances of participants having sought speech therapy were considered relative to these same self-reported factors of presentation.

Overall presentation prior to beginning to transition

The 63 participants rated their overall presentation prior to beginning to transition as follows: 42.3% (n= 26) as "fairly masculine," 15.9% (n =10) as "neither masculine nor feminine," 12.7% (n= 8) as "masculine," 11.1% (n= 7) as "fairly feminine," 7.9% (n= 5) as "feminine," 6.3% (n= 4) as "very masculine," 3.2% (n=2) as "very feminine," and the remaining participant (1.6%) marked "other (please specify)" and wrote in "masculine but androgynous."

The 26 participants who selected "fairly masculine" rated speech therapy as follows: 26.9% (n= 7) rated it "very unimportant," 26.9% (n= 7) rated it "neither unimportant nor important," 15.4% (n= 4) rated it "fairly unimportant," 15.4% (n= 4) rated it "very important," 7.7% (n= 2) rated it "fairly important," and 7.7% (n= 2) rated it "important." Three participants of these 26 participants (13%) had sought speech therapy.

The 10 participants who selected "neither masculine nor feminine" rated speech therapy as "very unimportant" at a rate of 50% (n= 5), "neither unimportant nor

important" at a rate of 20% (n= 2), "unimportant" at a rate of 10% (n= 1), "fairly important" at a rate of 10% (n= 1), and "very important" at a rate of 10% (n= 1). None of these ten participants had sought these services.

The eight participants who selected "masculine" rated speech therapy as "very unimportant" at a rate of 25% (n= 2), "unimportant" at a rate of 25% (n= 2), "fairly important" at a rate of 25% (n= 2), "fairly unimportant" at a rate of 12.5% (n= 1), and "neither important nor unimportant" at a rate of 12.5% (n= 1). One of these eight participants (12.5%) had sought speech therapy.

Of the seven participants that selected "fairly feminine," speech therapy was rated as follows: 28.6% (n= 2) chose "very unimportant," 28.6% (n= 2) chose "fairly unimportant," 28.6% (n= 2) chose "neither unimportant nor important," and 14.3% (n= 1) chose "fairly important." Two of these seven participants (28.6%) had sought speech therapy.

Of the five participants that selected "feminine," three total (60%) rated speech therapy as "fairly unimportant," one (20%) rated speech therapy as "fairly important," and one (20%) rated speech therapy as "very important." One of these five participants (20%) had sought speech therapy services.

The four participants who selected "very masculine" rated speech therapy at a rate of 25% (n=1) for each of the following rating categories: "very unimportant," "fairly unimportant", "neither important, nor unimportant," and "fairly important." One of these four participants (25%) had sought these services.

Of the two participants that selected "very feminine," one each rated speech therapy as "fairly important" and "very important." Neither of these participants had sought speech therapy services.

The participant that had marked "other" and specified "masculine but androgynous" rated speech therapy as "unimportant." He had not sought speech therapy.

Overall presentation at present

The 63 participants rated their current overall presentation as follows: 49.2% (n= 31) as "masculine," 22.2% (n= 14) as "very masculine," 19% (n= 12) as "fairly masculine," 3.2% (n= 2) as "neither masculine nor feminine," 1.6% (n= 1) as "feminine," 1.6% (n= 1) as "fairly feminine," and the two remaining participants (3.2%) marked "other (please specify)" and wrote in either "insufficiently masculine" or "not masculine enough."

Of the 31 participants who selected "masculine," 32.3% (n= 10) rated speech therapy as "very unimportant," 29% (n= 9) rated it "neither unimportant nor important," 12.9% (n= 4) rated it "fairly important," 9.7% (n=3) rated it "fairly unimportant," 9.7% (n= 3) rated it "very important," and 6.5% (n= 2) rated it "unimportant." Three of these 31 participants (9.7%) reported having sought speech therapy.

Of the 14 participants that selected "very masculine," 28.6% (n= 4) rated it "fairly important," 21.4% (n= 3) rated speech therapy "very unimportant," 14.3% (n= 2) rated it "fairly unimportant," 14.3% (n= 2) rated it "important," 7.1% (n= 1) rated it "unimportant," 7.1% (n= 1) rated it "neither unimportant nor important," and 7.1% (n= 1) rated it "very important." Two of these 14 participants (14.3%) had sought speech therapy.

Of the 12 participants who selected "fairly masculine," 50% (n= 6) rated speech therapy "very unimportant," 16.7% (n= 2) rated it "fairly unimportant," 16.7% (n= 2) rated it "very important," 8.3% (n= 1) rated it "neither unimportant nor important," and 8.3% (n= 1) rated it "fairly important." Two of these 12 participants (16.7%) had sought speech therapy services.

The two participants who selected "neither masculine nor feminine" each rated speech therapy as "fairly unimportant" or "fairly important". Neither of these participants had sought speech therapy.

The participant who selected "feminine" rated speech therapy as "fairly unimportant" and had not sought speech therapy services. This participant had not sought speech therapy.

The participant who selected "fairly feminine" rated speech therapy as "very important." He had sought speech therapy.

The participant who filled in "insufficiently masculine" rated speech therapy as "neither unimportant nor important." He had not sought speech therapy.

The participant who filled in "not masculine enough" rated speech therapy as "unimportant." He had not sought speech therapy.

Voice prior to beginning to transition

The 62 respondents that reported on their voice (e.g. pitch, breathiness, loudness, intonation, articulation, and duration) prior to transition, rated their voices as follows: 29% (n= 18) selected "somewhat in line with my true gender," 21% (n= 13) selected "in line with my assigned gender at birth," 17.7% (n= 11) selected "neither in line with my true gender nor my assigned gender at birth," 14.5% (n= 9) selected somewhat in line with my assigned gender at birth," 8.1% (n= 5) selected "very in line with my true gender," 6.5% (n= 4) selected "very in line with my assigned gender at birth," and 3.2% (n= 2) selected "in line with my true gender."

The 18 participants who selected "somewhat in line with my true gender" rated speech therapy as follows: 33.3% (n= 6) rated it "neither unimportant nor important," 22.2% (n= 4) rated it "very unimportant," 16.7% (n= 3) rated it "unimportant," 11.1% (n= 2) rated it "fairly unimportant," 5.6% (n= 1) rated it "fairly important," 5.6% (n= 1) rated it "important," and 5.6% (n= 1) rated it "very important." Two of these 18 participants (11.1%) had sought speech therapy services.

The 13 participants who selected "in line with my assigned gender at birth" rated speech therapy as follows: 30.8% (n= 4) rated it "very unimportant," 23.1% (n= 3) rated it "neither unimportant nor important," 23.1% (n= 3) rated it "fairly important," 15.4%

(n= 2) rated it "very important", and 7.7% (n= 1) rated it "fairly unimportant." One of these 13 participants (7.7%) had sought speech therapy.

Of the 11 participants that selected "neither in line with my true gender nor my gender at birth," 36.4% (n= 4) rated speech therapy as "very unimportant," 18.2% (n= 2) rated it "fairly unimportant," 18.2% (n= 2) rated it "neither unimportant nor important," 18.2% (n= 2) rated it "fairly important," and 9.1% (n= 1) rated it "very important." One of these 11 participants (9.1%) had sought these services.

The nine participants who selected "somewhat in line with my assigned gender at birth" rated speech therapy as follows: 44.4% (n= 4) rated it "fairly unimportant," 22.2% (n= 2) rated it "very unimportant," 11.1% (n= 1) rated it "unimportant," 11.1% (n= 1) rated it "neither unimportant nor important", and 11.1% (n= 1) rated it "fairly important." Two of these nine participants (22.2%) had sought speech therapy services.

Of the five participants that chose "very in line with my true gender," 40% (n= 2) rated speech therapy as "very unimportant," 20% (n= 1) rated it "fairly important," 20% (n= 1) rated it "important," and 20% (n= 1) rated it "very important". None of these five participants had sought speech therapy.

Of the four participants who selected "very in line with my assigned gender at birth, 50% (n= 2) rated speech therapy "very important," 25% (n= 1) rated speech therapy "very unimportant," and 25% (n= 1) rated speech therapy "neither unimportant nor important." One of these four participants (25%) had sought speech therapy.

Of the two participants that selected "in line with my true gender," one participant each rated speech therapy as "very unimportant" and "fairly important." Neither of these participants had sought speech therapy.

Voice at present

All 63 respondents reported on their voices (e.g. pitch, breathiness, loudness, intonation, articulation, and duration) at present, rating their voices as follows: 38.1% (n= 24) selected "in line with my true gender," 22.2% (n= 14) selected "somewhat in line

with my true gender," 15.9% (n= 10) selected "very in line with my true gender," 12.7% (n= 8) selected "neither in line with my true gender nor my assigned gender at birth," 4.8% (n= 3) selected somewhat in line with my assigned gender at birth," 4.8% (n= 3) selected "in line with my assigned gender at birth," and 1.6% (n= 1) selected "very in line with my assigned gender at birth."

Of the 24 participants that selected "in line with my true gender," 37.5% (n= 9) rated speech therapy as "very unimportant," 25% (n= 6) rated it "neither unimportant nor important," 20.8% (n= 5) rated it "fairly unimportant," 12.5% (n= 3) rated it "fairly important," and 4.2% (n= 1) rated it "very important." One of these 24 participants (4.2%) had sought speech therapy.

The 14 participants who selected "somewhat in line with my true gender" rated speech therapy as follows: 28.6% (n= 4) rated it "fairly important," 21.4% (n= 3) rated it "very unimportant," 21.4% (n= 3) rated it "neither unimportant nor important,"14.3% (n= 2) rated it "unimportant," 7.1% (n= 1) rated it "fairly unimportant," and 7.1% (n= 1) rated it "very important." Two of these 14 participants (14.3%) had sought speech therapy.

Of the 10 participants that chose "very in line with my true gender," 40% (n= 4) rated speech therapy as "very unimportant," 20% (n= 2) rated it "important," 20% (n= 2) rated it "very important,"10% (n= 1) rated it "unimportant," and 10% (n= 1) rated it "fairly unimportant." One of these 10 participants (10%) had sought speech therapy.

Of the eight participants that selected "neither in line with my true gender nor my gender at birth," 37.5% (n= 3) rated it "neither unimportant nor important," 25% (n= 2) rated speech therapy as "very unimportant," 25% (n= 2) rated it "fairly unimportant," and 12.5% (n= 1) rated it "fairly important." Two of these eight participants (25%) had sought speech therapy.

The three participants who selected "somewhat in line with my assigned gender at birth" rated speech therapy at a rate of 33.3% (n=1) for each of the following rating

categories: “fairly unimportant,” “neither unimportant nor important,” and “very important.” None of these participants had sought speech therapy.

The three participants who selected “in line with my assigned gender at birth” rated speech therapy at a rate of 33.3% (n=1) for each of the following rating categories: “very unimportant,” “fairly unimportant,” and “very important.” None of these participants had sought speech therapy services.

The one participant who selected “in line with my assigned gender at birth” rated speech therapy as “very important.” This participant had not sought speech therapy.

Nonverbal communication prior to beginning to transition

The 62 respondents that reported on their nonverbal communication (e.g. facial expressions, gestures, posture/body positioning, eye contact, touching during conversation, and proximity during conversation) prior to transition, rated their nonverbal communication as follows: 27.4% (n= 17) selected “somewhat in line with my true gender,” 24.2% (n= 15) selected “in line with my true gender,” 19.4% (n= 12) selected “neither in line with my true gender nor my assigned gender at birth,” 19.4% (n= 12) selected “somewhat in line with my assigned gender at birth,” 6.5% (n= 4) selected “very in line with my true gender,” and 3.2% (n= 2) selected “very in line with my assigned gender at birth.”

The 17 participants who selected “somewhat in line with my true gender” rated speech therapy as follows: 29.4% (n= 5) rated it “very unimportant,” 17.6% (n= 3) rated it “fairly important,” 17.6% (n= 3) rated it “important,” 11.8% (n= 2) rated it “fairly unimportant,” 11.8% (n= 2) rated it “neither unimportant nor important,” 5.9% (n= 1) rated it “unimportant,” and 5.9% (n= 1) rated it “very important.” Two of these 17 participants (11.8%) had sought speech therapy services.

Of the 15 participants that selected “in line with my true gender,” 26.7% (n= 4) rated speech therapy as “very unimportant,” 26.7% (n= 4) rated it “neither unimportant nor important,” 20% (n= 3) rated it “fairly important,” 13.3% (n= 2) rated it “fairly

unimportant," 6.7% (n= 1) rated it "unimportant," and 6.7% (n= 1) rated it "very important." Two of these 15 participants (13.3%) had sought these services.

Of the 12 participants that selected "neither in line with my true gender nor my gender at birth," 50% (n= 6) rated it "neither unimportant nor important," 25% (n= 3) rated it "very important," 16.7% (n= 2) rated speech therapy as "very unimportant," and 8.3% (n= 1) rated it "unimportant." One of these 12 participants (8.3%) had sought these services.

The 12 participants who selected "somewhat in line with my assigned gender at birth" rated speech therapy as follows: 33.3% (n= 4) rated it "very unimportant," 33.3% (n= 4) rated it "fairly unimportant," 8.3% (n= 1) rated it "unimportant," 8.3% (n= 1) rated it "neither unimportant nor important," 8.3% (n= 1) rated it "fairly important," and 8.3% (n= 1) rated it "very important." Two of these 12 participants (16.7%) had sought speech therapy services.

Of the four participants that chose "very in line with my true gender," 50% (n= 2) rated speech therapy as "very unimportant," 25% (n= 1) rated it "fairly unimportant," and 25% (n= 1) rated it "fairly important." None of these four participants had sought speech therapy.

The two participants who selected "in line with my assigned gender at birth" rated speech therapy as "very unimportant" and "fairly important." Neither of these participants had sought speech therapy services.

Nonverbal communication at present

The 61 respondents that reported on their nonverbal communication (e.g. facial expressions, gestures, posture/body positioning, eye contact, touching during conversation, and proximity during conversation) at present, rated their nonverbal communication as follows: 44.3% (n= 27) selected "in line with my true gender," 24.6% (n= 15) selected "somewhat in line with my true gender,"18% (n= 11) selected "neither

in line with my true gender nor my assigned gender at birth," and 13.1% (n= 8) selected "very in line with my true gender."

Of the 27 participants that selected "in line with my true gender," 25.9% (n= 7) rated it "neither unimportant nor important," 22.2% (n= 6) rated speech therapy as "very unimportant," 18.5% (n= 5) rated it "fairly unimportant," 14.8% (n= 4) rated it "fairly important," 7.4% (n= 2) rated it "important," 7.4% (n= 2) rated it "very important," and 3.7% (n= 1) rated it "unimportant." One of these 27 participants (3.7%) had sought speech therapy.

The 15 participants who selected "somewhat in line with my true gender" rated speech therapy as follows: 20% (n= 3) rated it "very unimportant," 20% (n= 3) rated it "neither unimportant nor important," 20% (n= 3) rated it "fairly important,"13.3% (n= 2) rated it "unimportant," 13.3% (n= 2) rated it "fairly unimportant," and 13.3% (n= 2) rated it "very important." One of these 15 participants (6.7%) had sought speech therapy.

Of the 11 participants that selected "neither in line with my true gender nor my gender at birth," 27.3% (n= 3) rated speech therapy as "very unimportant," 27.3% (n= 3) rated it "neither unimportant nor important," 18.2% (n= 2) rated it "fairly important," 18.2% (n= 2) rated it "very important," and 9.1% (n= 1) rated it "fairly unimportant." Three of these 11 participants (27.3%) had sought speech therapy.

Of the eight participants that chose "very in line with my true gender," 62.5% (n= 5) rated speech therapy as "very unimportant," 12.5% (n= 1) rated it "unimportant," 12.5% (n= 1) rated it "fairly unimportant," and 12.5% (n= 1) rated it "very important." One of these eight participants (12.5%) had sought speech therapy.

Social language use prior to beginning to transition

The 62 respondents that reported on their social language use (e.g. specific words and expressions used) prior to transition, rated their social language use as follows: 27.4% (n= 17) selected "neither in line with my true gender nor my assigned gender at birth," 22.6% (n= 14) selected "in line with my true gender," 22.6% (n= 14) selected

"somewhat in line with my true gender," 12.9% (n= 8) selected "somewhat in line with my assigned gender at birth," 9.7% (n= 6) selected "very in line with my true gender," 3.2% (n=2) selected "in line with my assigned gender at birth, and 1.6% (n= 1) selected "very in line with my assigned gender at birth."

Of the 17 participants that selected "neither in line with my true gender nor my gender at birth," 41.2% (n= 7) rated speech therapy as "very unimportant," 23.5% (n= 4) rated it "neither unimportant nor important," 11.8% (n= 2) rated it "fairly unimportant," 11.8% (n= 2) rated it "very important," 5.9% (n= 1) rated it "unimportant," and 5.9% (n= 1) rated it "fairly important." One of these 17 participants (5.9%) had sought speech therapy services.

Of the 14 participants that selected "in line with my true gender," 28.5% (n= 4) rated speech therapy as "very unimportant," 28.5% (n= 4) rated it "fairly important," 14.3% (n= 2) rated it "fairly unimportant," 7.1% (n= 1) rated it "unimportant," 7.1% (n= 1) rated it "neither unimportant nor important," 7.1% (n= 1) rated it "important," and 7.1% (n= 1) rated it "very important." One of these 14 participants (7.1%) had sought speech therapy services.

The 14 participants who selected "somewhat in line with my true gender" rated speech therapy as follows: 35.7% (n= 5) rated it "neither unimportant nor important," 14.3% (n= 2) rated it "unimportant," 14.3% (n= 2) rated it "very important," 14.3% (n= 2) rated it "fairly important," 7.1% (n= 1) rated it "very unimportant," 7.1% (n= 1) rated it "fairly unimportant," and 7.1% (n= 1) rated it "important." Three of these 14 participants (21.4%) had sought speech therapy services.

The eight participants who selected "somewhat in line with my assigned gender at birth" rated speech therapy as follows: 37.5% (n= 3) rated it "fairly unimportant," 25% (n= 2) rated it "neither unimportant nor important," 12.5% (n= 1) rated it "very unimportant," 12.5% (n= 1) rated it "unimportant," and 12.5% (n= 1) rated it "very important." One of these eight participants (12.5%) had sought speech therapy services.

Of the six participants that chose "very in line with my true gender," 66.7% (n= 4) rated speech therapy as "very unimportant," and 33.3% (n= 2) rated it "fairly unimportant. One of these six participants (16.7%) had sought speech therapy.

The two participants who selected "in line with my assigned gender at birth" rated speech therapy as "very unimportant" and "fairly unimportant." Neither of these participants had sought speech therapy.

The participant who selected "very in line with my assigned gender at birth" rated speech therapy as "fairly important." This participant had not sought speech therapy.

Social language use at present

The 62 respondents that reported on their social language use (e.g. specific words and expressions used) at present, rated their social language use as follows: 38.7% (n= 24) selected "in line with my true gender," 30.6% (n= 19) selected "somewhat in line with my true gender," 16.1% (n= 10) selected "neither in line with my true gender nor my assigned gender at birth," 11.3% (n= 7) selected "very in line with my true gender," and 3.2% (n= 2) selected "very in line with my assigned gender at birth."

Of the 24 participants that selected "in line with my true gender," 29.2% (n= 7) rated speech therapy as "very unimportant," 25% (n= 6) rated it "neither unimportant nor important," 20.8% (n= 5) rated it "fairly important," 8.3% (n= 2) rated it "fairly unimportant," 8.3% (n= 2) rated it "important," and 8.3% (n= 2) rated it "very important." Three of these 24 participants (12.5%) had sought speech therapy.

The 19 participants who selected "somewhat in line with my true gender" rated speech therapy as follows: 26.3% (n= 5) rated it "fairly unimportant," 26.3% (n= 5) rated it "neither unimportant nor important," 21.1% (n= 4) rated it "very unimportant," 10.5% (n= 2) rated it "unimportant," 10.5% (n= 2) rated it "very important," and 5.3% (n= 1) rated it "fairly important." Two of these 19 participants (10.5%) had sought speech therapy.

Of the 10 participants that selected "neither in line with my true gender nor my gender at birth," 30% (n= 3) rated speech therapy as "very unimportant," 20% (n= 2) rated it "neither unimportant nor important," 20% (n= 2) rated it "fairly unimportant," 10% (n= 1) rated it "unimportant," 10% (n= 1) rated it "fairly important," and 10% (n= 1) rated it "very important." One of these 10 participants (10%) had sought speech therapy.

Of the seven participants that chose "very in line with my true gender," 57.1% (n= 4) rated speech therapy as "very unimportant," 14.1% (n= 1) rated it "unimportant," 14.1% (n= 1) rated it "fairly important," and 14.1% (n= 1) rated it "very important." None of these seven participants had sought speech therapy.

The two participants that selected "somewhat in line with my assigned gender at birth" rated speech therapy as "fairly important" and "very important." Neither of these participants had sought speech therapy.

PERSONAL EXPERIENCES

Participants' considerations of the importance of speech therapy in facilitating their ability to live as their true gender and the instances of participants having sought speech therapy were considered relative to their reports of personal experiences, including acceptance from family members regarding their trans identity and/or decision to transition, acceptance from friends regarding their trans identity and/or decision to transition, how often they perceive negative reactions as a result of not passing and what areas of presentation they believe to have contributed to their not passing, impact of trans contacts on their desire to pass and likelihood to seek speech therapy, and any other aspects of their personal background and culture that they think may have contributed to their desire to pass.

Acceptance from family

All 63 respondents reported on how accepting their family was of their trans identity and/or decision to transition. More participants (28.6%, n= 18) indicated that their families were "very accepting" compared to the other possible ratings. The

remainder of the participants answered the item as follows: 22.2% (n= 14) chose "fairly accepting," 15.9% (n= 10) chose "neither unaccepting nor accepting," 14.3% (n= 9) chose "accepting," 9.5% (n= 6) chose "very unaccepting," 6.3% (n= 4) chose "fairly unaccepting," and 3.2% (n= 2) chose "unaccepting."

Of the 18 participants that indicated that their family was "very accepting," 27.8% (n= 5) rated speech therapy as "very unimportant," 22.2% (n= 4) rated it "fairly important," 16.7% (n= 3) rated it "fairly unimportant," 11.1% (n= 2) rated it "unimportant," 11.1% (n= 2) rated it "very important," 5.6% (n= 1) rated it "neither unimportant nor important," and 5.6% (n= 1) rated it "important." Two of these 18 participants (11.1%) had sought speech therapy.

The 14 participants that indicated that their family was "fairly accepting" rated speech therapy as follows: 42.9% (n= 6) as "very unimportant," 35.7% (n= 5) as "neither unimportant nor important," 14.3% (n= 2) as "very important," and 7.1% (n= 1) as "fairly unimportant." One of these 14 participants (7.1%) who indicated "fairly accepting" had sought speech therapy.

Of the 10 participants that indicated that their family was "neither unaccepting nor accepting," 40% (n= 4) rated speech therapy as "neither unimportant nor important," 30% (n= 3) rated it "very unimportant," 20% (n= 2) rated it "fairly unimportant," and 10% (n= 1) rated it "fairly important." Two of these 10 participants (20%) had sought speech therapy services.

The nine participants that indicated that their family was "accepting" rated speech therapy as follows: 33.3% (n= 3) as "neither unimportant nor important," 22.2% (n= 2) as "unimportant," 22.2% (n= 2) as "fairly important," 11.1% (n= 1) as "important," and 11.1% (n= 1) as "very important." Two of these nine participants had sought speech therapy.

Of the six participants that indicated that their family was "very unaccepting," 33.3% (n=2) rated it "fairly unimportant," 33.3% (n= 2) rated it "fairly important," 16.7%

(n= 1) rated speech therapy as "very unimportant," and 16.7% (n= 1) rated it "very important." None of these six participants had sought speech therapy.

Of the four participants that indicated that their family was "fairly unaccepting," 75% (n= 3) rated speech therapy as "very unimportant," and 25% (n= 1) rated it as "very important." One of these four participants (25%) had sought speech therapy services.

Both of the participants who indicated that their family was "unaccepting" rated speech therapy as "fairly unimportant." Neither of these two participants sought speech therapy.

Acceptance from friends

Sixty-one respondents reported on how accepting their close friends were of their trans identity and/or decision to transition. More participants (45.9%, n= 28) indicated that their friends were "very accepting" as opposed to any of the other options. The remainder of the participants answered the item as follows: 27.9% (n= 17) chose "accepting," 14.8% (n= 9) chose "fairly accepting," 3.3% (n= 2) chose "neither unaccepting nor accepting," 3.3% (n= 2) chose "fairly unaccepting," 3.3% (n= 2) chose "unaccepting," and 1.6% (n= 1) chose "very unaccepting."

Of the 28 participants that indicated that their friends were "very accepting," 21.4% (n= 6) rated speech therapy as "fairly unimportant," 17.9% (n= 5) rated it "very unimportant," 17.9% (n= 5) rated it "neither unimportant nor important," 14.3% (n= 4) rated it "fairly important," 14.3% (n= 4) rated it "very important," 10.7% (n= 3) rated it "unimportant," and 3.6% (n= 1) rated it "important." Two of these 28 participants (7.1%) had sought speech therapy.

The 19 participants that indicated that their friends were "accepting" rated speech therapy as follows: 42.1% (n= 8) as "very unimportant," 15.8% (n= 3) as "neither unimportant nor important," 10.5% (n= 2) as "fairly unimportant," 10.5% (n= 2) as "fairly important," 5.3% (n= 1) as "important," and 5.3% (n= 1) as "very important." One of these 19 participants (5.3%) had sought speech therapy.

The nine participants that indicated that their friends were "fairly accepting" rated speech therapy as follows: 33.3% (n= 3) as "neither unimportant nor important," 22.2% (n= 2) as "very unimportant," 22.2% (n= 2) as "very important," 11.1% (n= 1) as "unimportant," 11.1% (n= 1) as "fairly unimportant," and 11.1% (n= 1) as "important." Three of these nine participants (33.3%) had sought speech therapy.

The two participants that indicated that their friends were "neither unaccepting nor accepting" rated speech therapy as "very unimportant" and "fairly unimportant." One of these participants had sought speech therapy services.

The two participants that indicated that their friends were "fairly unaccepting" rated speech therapy as "neither unaccepting nor accepting" and "fairly important." One had sought speech therapy services.

The two participants that indicated that their friends were "unaccepting" rated speech therapy as "very unimportant" and "fairly important." Neither of these participants had sought services.

The participant that indicated that his friends were "very unaccepting" rated speech therapy as "very unimportant." He reported that he had not sought services.

Perceptions of negative reactions as a result of not passing

All 63 participants reported on how often they perceive negative reactions from others as a result of not passing. The majority of participants (46%, n= 29) reported "never" for this item, followed by "rarely" (31.7%, n= 20), "occasionally" (15.9%, n= 10), and "frequently" (6.3%, n= 4).

Of the 29 participants that answered "never," 27.6% (n= 8) considered speech therapy "very unimportant," 20.7% (n= 6) considered it "fairly important," 13.8% (n= 4) considered it "unimportant," 13.8% (n= 4) considered "fairly unimportant," 10.3% (n= 3) considered it "neither unimportant nor important," 6.9% (n= 2) considered it "important," and 6.9% (n= 2) considered it "very important." Five of these 29 participants (17.2%)

had sought speech therapy. Four of these five participants (80%) that had sought speech therapy had actually received speech therapy.

Of the 20 respondents that chose "rarely," 40% (n= 8) rated speech therapy "very unimportant," 20% (n= 4) rated if "neither unimportant nor important," 15% (n= 3) rated it "fairly unimportant," 15% (n= 3) rated it "very important," and 10% (n= 2) rated it "fairly important." Two of these 20 participants (10%) had sought speech therapy.

The 10 participants that reported "occasionally" rated speech therapy as follows: 50% (n= 5) as "neither unimportant nor important," 20% (n= 2) as "very unimportant," 20% (n=2) as "fairly unimportant," and 10% (n= 1) as "very important." One of these 10 participants (10%) had sought speech therapy.

The five participants that reported "frequently" rated speech therapy as follows: 40% (n= 2) as "neither unimportant nor important," 20% (n= 1) as "fairly unimportant," and 20% (n= 2) as "very important." None of these participants had sought speech therapy.

Perceptions of negative reactions to voice

Twenty-one participants reported that they felt that negative reactions from others as a result of not passing could have something to do with their voice qualities. Of these 21 participants, 28.6% (n= 6) considered speech therapy "neither unimportant nor important," 23.8% (n= 5) considered it "very important," 19% (n= 4) considered it "very unimportant," 14.3% (n= 3) considered it "fairly important," 9.5% (n= 2) considered it "fairly unimportant," and 4.8% (n= 1) considered it "important." Five of these 21 (23.8%) participants had sought speech therapy, though only one of these five had actually attended speech therapy.

Perceptions of negative reactions to nonverbal communication

Seventeen participants reported that they felt that negative reactions from others as a result of not passing could have something to do with their nonverbal communication. Of these 17 participants, 23.5% (n= 4) considered speech therapy "very

unimportant," 23.5% (n= 4) considered it "neither unimportant nor important," 23.5% (n= 4) considered it "very important,"17.6% (n= 3) considered it "fairly important," and 11.8% (n= 2) considered it "fairly unimportant." Four of these 17 participants (23.5%) had sought speech therapy, though only two had actually attended speech therapy.

Perceptions of negative reactions to social language use

Nine participants reported that they felt that negative reactions from others as a result of not passing could have something to do with their social language use. Of these nine participants, 33.3% (n= 3) considered speech therapy "very unimportant," 22.2% (n= 2) considered it "fairly important," 22.2% (n= 2) considered it "very important," 11.1% (n= 1) considered it "fairly unimportant," and 11.1% (n= 1) considered it "neither unimportant nor important."

Impact of transgender contacts

An open-ended question asked participants if they had friends or support group contacts who are also transgender and to explain any impact that these persons might have had on their desire to pass and any impact that they may have had on their decision to seek speech therapy as part of the transition process. Forty-six participants answered this question. Most respondents indicated that they either did not have contact with other transgender persons (13.4%, n= 6), that these contacts had little or no impact on these areas (30.4% n = 14), that speech therapy had never come up (17.4%, n=8), or provided answers that were irrelevant or tangential to the question asked (21.7%, n= 10). Any answers that had any degree of ambiguity were excluded from this data set (see discussion of Limitations). Insight into other areas was gained through some of the responses deemed irrelevant to this question (see discussion of Additional Findings).

Four respondents (8.7%) indicated that their trans contacts and/or support groups had informed them about speech therapy or discussed strategies to improve their communication relative to their true gender. Two of these respondents had sought speech

therapy and considered it to be "fairly important" while the remaining two respondents had not sought speech therapy and considered it to be "fairly unimportant."

Two respondents (4.3%) indicated that they would have been likely to seek speech therapy if their trans friends or support groups had recommended speech therapy during their transition. These respondents rated speech therapy as "fairly important" and "neither unimportant nor important" and neither had sought speech therapy.

One respondent (2.8%) indicated that they did feel pressure or support to pass from these contacts. He considered speech therapy to be "very unimportant" and had not sought speech therapy.

One respondent (2.8%) indicated that his FtM contacts influenced his decision not to seek speech therapy as he felt he was much more male-sounding and had a more masculine physical presentation than most other transmen and felt "lucky" that he did not need speech therapy. He considered speech therapy "unimportant" and had not sought speech therapy. For a full list of the responses to this question, see Appendix F.

Additional aspects of personal background and culture

Another open-ended question was included that asked respondents to consider other aspects of their personal background and culture that they think may have contributed to their level of desire to pass as their true gender. Forty-nine participants responded to this question and some respondents provided multiple reasons. Many respondents (44.9%, n= 22) provided answers as to why they wanted to transition and not about their desire to pass or responses that were irrelevant altogether. Seventeen respondents (35%) expressed that they simply want to be regarded as male or seen as who they are. Three respondents (6.1%) reported that their religion increased their desire to pass; none of these respondents had sought speech therapy and one respondent each considered speech therapy to be "fairly unimportant," "very unimportant," and "very important". Three respondents (6.1%) reported that career-related reasons increased their desire to pass; none of these respondents had sought speech therapy and one respondent

each considered speech therapy to be "very unimportant," "fairly unimportant," and "neither important, nor unimportant." Three respondents (6.1%) indicated that their sexual orientation influenced their desire to pass, one respondent each considered speech therapy "neither unimportant nor important," "fairly important," and "very important." One of these three respondents had sought speech therapy. One respondent (2%) indicated that his family's very open acceptance of his gender identity contributed to his ambivalence regarding passing. One respondent (2%) indicated that he came from an immigrant family and that his culture's social cues were not as heavily masculine and that this decreased his desire to pass. He had not sought speech therapy and considered it "very unimportant." One respondent (2%) indicated that his desire to pass was increased by his type A personality and obsession with details and perfection. He had not sought therapy but considered it to be "fairly important."

How aware are FtMs of the availability and scope of speech therapy services in relation to passing as their true gender?

Participants were asked if they had any awareness of speech therapy services being an option for transgender persons as part of the transition process prior to participation in the present study. Sixty-two participants responded to this question and 61.2% (n=38/62) indicated that they were aware of speech therapy services as part of the transition process. Of these 38, seven explicitly stated in their survey that they were only aware of speech services for the MtF. Therefore, no more than half of the participants (n= 31/62) were aware of speech therapy as an option for FtMs. This particular question was worded such that their answer may be indicative of awareness explicit to the FtM population only or the MtF population only, or possibly both (see Discussion).

AWARENESS OF SCOPE OF SERVICES

Awareness of the scope of speech therapy services was assessed through an open-ended question posed before participants had viewed any questions regarding factors that

that are part of the scope of services. All 63 participants answered this question, however, some participants may have misinterpreted this question to be about what services were available where they live.

Nineteen respondents (30.2%) answered "none" or "not aware of any". It is unclear whether they do not know of any treatment areas that can be worked on in speech therapy or if they misinterpreted the question to be about availability in their area (see Discussion for further considerations). Another nine respondents did indicate that they were not aware of any services available in their area or that they were not aware of any, and it can therefore be interpreted that they did misinterpret the question. Two respondents gave the names of places that provide speech therapy. Nineteen participants (30.2%) indicated that they only knew about speech therapy for MtFs. Two of these participants indicated that they thought speech therapy for FtMs could be beneficial. Seven participants provided irrelevant or unclear answers. Any answers that had any degree of ambiguity were excluded from this data set (see Limitations).

Seven participants (11.1%) provided answers that mentioned one or more specific areas of treatment. The following areas were mentioned at the following rates: pitch (n= 4, 6.3%), intonation/inflection (n= 3, 4.8%), voice masculinization (n= 1, 1.6%), voice (n= 2, 3.2%), singing (n= 2, 3.2%) male speech patterns (n= 1, 1.6%), and breathing (n= 1, 1.6%).

HOW THEY BECAME AWARE OF SERVICES

Of the 37 respondents who indicated the source or sources (multiple answers were allowed) through which they gained awareness of speech therapy services as part of the transition process, they reported the following sources: 16 reported online resources, 12 reported a transgender support group, six reported an acquaintance, one reported their psychotherapist, and 12 reported alternative sources through the "other (please specify)" option. Seven of these open-ended responses were reports of only having knowledge about speech therapy services for MtFs. The remaining five respondents that indicated

"other (please specify)," reported being made aware of services through a "transgender health conference", "speech classes available to FtMs" in London, having "heard references to it", being made "vaguely aware from the community", and by having "a wife who is a speech therapist in a school setting".

AWARENESS RELATIVE TO DEMOGRAPHIC FACTORS

Awareness of speech therapy was considered relative to the following demographic factors: age and geographic location.

Age

Awareness of speech therapy services was considered relative to each age group. Of the 15 participants between the ages of 18 and 30 that reported on awareness, 60% (n=9) had an awareness of speech therapy, though at most only 53.3% had an awareness of speech therapy for FtMs. All 8 respondents between the ages of 31 and 40 reported on awareness, and 62.5% (n=5) reported having awareness, though at most only 50% (n=4) had an awareness of speech therapy for FtMs. All 19 participants between the ages of 41-50 reported on awareness, and 47% (n= 9) indicated having awareness, though at most only 36.9% (n=7) had awareness of speech therapy for FtMs. All 16 participants between the ages 51 and 60 reported on awareness, and 75% (n=12) reported having awareness, though at most only 68.8% (n=11) had awareness of speech therapy for FtMs. All 4 respondents over the age 60 reported on awareness, three reported having awareness, though only one at most had awareness of speech therapy for FtMs.

Geographic location

Awareness of speech therapy services was also considered relative to participants' geographic locations. Thirty of the 31 respondents from the Western U.S. reported on awareness, and 56.7% (n= 17) reported having awareness, though at most only 43.3% (n=13) had awareness of services for FtMs. All 15 of the participants from the Northeastern U.S. reported on awareness, and 86.7% reported having awareness, though only 66.7% at most had awareness of services for FtMs. All seven participants from the

Southern U.S. reported on awareness, and 42.8% (n= 3) reported having awareness. All four participants from the Midwestern U.S. reported on awareness, and only one (25%) reported having awareness. Of the four participants from Europe, three (75%) reported having awareness. The three that reported having awareness were all from England while the remaining respondent who reported having no awareness was from Belgium. Both participants from Canada reported on awareness, and one (50%) reported being aware of services.

WHY THERAPY WAS SOUGHT

Six participants (9.5%) out of the total 63 participants indicated that they had participated in speech therapy, though after reviewing their surveys in their entirety it appears that only 4 of these 6 actually attended speech therapy. Nine out of the total 63 participants indicated having sought speech therapy as part of their transition process. Those that had sought but not participated in therapy indicated that they had been unable to find speech therapists in their area that work with FtMs. Participants were asked to indicate what areas they sought therapy for. One of the participants that had indicated seeking speech therapy marked "n/a as I have not sought speech therapy" to this question so it is assumed that his previous response was in error.

All eight of the participants (100%) that had actually sought therapy indicated that they sought therapy to make their voice more characteristic of their true gender. Additionally, three of these participants (37.5%) also indicated having sought therapy to make both their nonverbal communication and social language use more characteristic of their true gender. One additional participant that had not sought speech therapy marked an answer for other and reported that they had a voice analysis done for both speaking and singing and was told that speech therapy was not needed, and he further mentioned that he had "no idea that non-verbal aspects were part of speech therapy in general."

WHY THERAPY WAS NOT SOUGHT

Participants were asked to indicate why they had not sought speech therapy. Participants were instructed to select all applicable reasons and to specify the reason/s if they selected "other." Sixty-two participants answered this question.

Nineteen participants (30.6%) indicated that they were satisfied with their presentation relative to their true gender. Eighteen participants (29%) indicated that they were not aware of these services. Seventeen participants (27.4%) indicated that they could not afford speech therapy. Twelve participants (19.4%) indicated that they were not aware of the breadth of these services. Eight (12.9%) participants indicated that they did not think speech therapy would be useful for them. Two participants (3.2%) indicated that they did not think they would feel comfortable receiving speech therapy.

Nine participants (14.5%) indicated "not applicable." Three of these participants had previously participated in speech therapy, one had attempted and failed to find any speech pathologists that work with FtMs, one reported that he had a hearing impairment and given this loss speech therapy was not important for him, and four appeared to have made their selection in error as they had not previously sought therapy and most likely could have provided a better answer as to why.

Fourteen participants (22.6%) also included "other- please specify" as one of their responses. They reported the following: six participants (9.7% of the total participants who answered the question) reported that they could not find a speech therapist in their area that worked with FtMs, one participant indicated that he felt that speech therapy only applied to MtFs, another reported that he did not have time for speech therapy, another expressed concern that the outcomes would not justify the cost, another indicated wanting to see how much more his voice dropped from testosterone before considering therapy, another indicated that his voice was a low priority considering that his body does not pass, another reported that insurance will not cover these services, another participant indicated that he does not believe he needs to change how he communicates to express

his gender, and a final expressed concern that speech therapy could contribute to upholding conventional gender roles.

SATISFACTION WITH THERAPY

Three of the four participants that had actually participated in speech therapy indicated being moderately satisfied with the services that they received. The remaining participant indicated being moderately unsatisfied. None of these participants indicated that they were unsatisfied as a result of the clinician's level of knowledge regarding therapy for transgender clients.

DISCUSSION

To review, the purpose of the present study was to identify the factors FtM individuals consider to be the most important in passing as their true gender. The secondary purpose was to explore what factors might contribute to FtMs seeking speech therapy services and to the level of importance they assign to speech therapy in facilitating their ability to live as their true gender. The final purpose was to determine how aware FtMs are in regards to the availability and scope of speech therapy services as part of the transition process. Results suggest critical considerations for evidence-based practice with this unique clinical population.

What factors that can be addressed in speech therapy do FtMs consider to be the most important in terms of being perceived as their true gender?

Participants were first asked to rank-order broad categories (voice qualities, nonverbal communication, and social language use) in terms of their importance in passing as their true gender. Overall, they ranked voice qualities as the most important followed by nonverbal communication and social language use. This finding is not surprising as voice, and pitch in particular, is often suggested within the existing literature to be the single most conspicuous difference in discriminating between male and female speakers (Adler & Van Borsel, 2006).

To our knowledge, no study to date has explored how members of the FtM population view the importance of these factors. Our results suggest that, in broad terms, the rankings of importance applied by the participants are in agreement with the existing literature. However, the majority of the respondents reported that they had never had speech therapy. Thus, their rankings may not be a reflection of perception based on experience. Instead, their rankings may be a reflection of what they have read on the internet or a blog-site or ascertained from what others who have attended speech therapy

report to be the most important, rather than what they, themselves, perceive to be the most important as the participants, overall, did not have firsthand experience with these services.. That is, the missing link from our treatment protocol for the FtM client is the client perspective; a critical component of the application of evidence-based practice (ASHA, 2012b). This information will not be accessible until we have access to a larger cohort of FtM persons who have had speech therapy, as participation in therapy will undoubtedly impact perception of importance.

VOICE QUALITIES

To provide a more distinct understanding of how the participants defined voice quality, we had them rank six areas from least to most important as follows: pitch, intonation, articulation, loudness, breathiness, and duration. This order is relatively in line with the literature as pitch is often considered as the most accepted difference between speakers of different genders (Adler & Van Borsel, 2006). That being said, Van Borsel, de Pot, and De Cuypere (2007) did not find a correlation between fundamental frequency and listener ratings of maleness for FtMs as they had in previous research with MtFs (Van Borsel, De Cuypere, & Van den Berghe, 2001). These conflicting results between the MtF versus the FtM population suggest that fundamental frequency is a relatively less important factor for gender expression for FtMs than MtFs (Van Borsel et al., 2007). However, our findings suggest that FtMs themselves regard pitch as the most important factor in terms of passing as their true gender.

It is also somewhat surprising that intonation was ranked as second, after pitch, as the English language primarily uses standard intonation patterns that do not have defined gender boundaries, though small differences do exist and greater use of intonation is less socially acceptable for men in western cultures (Mourdant, 2006b). Then again, intonation has been found in the literature to be particularly important for gender

perception when pitch resides in the area of overlap between male and female norms (Davies & Goldberg, 2006).

The participants ranked the remaining factors more comparably and in the following order from most to least important: articulation, loudness, breathiness, and duration. The literature on speech therapy with FtMs is so limited that the participants' rankings cannot be said either to positively or negatively reflect the importance implied by the literature. Furthermore, while empirical support exists for gender-related differences for articulation, loudness, breathiness, and duration, to our knowledge no work exists on comparing the saliency of these factors in terms of gender perception. These present rankings can serve as a guide for speech therapists when working with FtMs.

NONVERBAL COMMUNICATION

Within the category of nonverbal communication, participants, on average, ranked the five different areas from least to most important as follows: posture and body positioning, gestures, facial expressions, eye contact, touching, and proximity. Similar to the vocal factors explored, to our knowledge there is no research comparing the saliency of these factors in terms of gender presentation during a communicative exchange. Posture and body positioning may not be the first among these that SLPs would choose to address, as they may be more likely to focus on gestures and facial expressions as these are more commonly addressed with all clients. Future research should consider investigating the ranking of importance that SLPs apply to determine if their rankings reflect that of the FtM client. At the very least, the rankings from the present study can serve as a guide in general client preference of importance when working with FtM clients.

SOCIAL LANGUAGE USE

Within the category of social language use, expressions used was ranked slightly higher than words used. Women are said to use more expressive phrases than men (Andrews, 1999) which would indicate that these are more salient for passing as a woman than as a man and as such should be ranked less important for FtMs. This ranking may reflect FtMs' lack of understanding regarding the cues in spoken output beyond pitch that may impact gender perception. It is also possible that they rank ordered expressions and words to a comparable degree because they were not aware of a distinction between the two. That is, they may have been thinking of expressions and words as one and the same. Men have been found to use swearing and taboo language more frequently and adverbs and adjectives less frequently (Coates, 2004). Thus, their high ranking of words would support that they are aware of the need to adjust this in their efforts to pass as their true gender.

What factors might contribute to FtMs seeking therapy services and to the level of importance FtMs assign to speech therapy in facilitating their ability to live as their true gender?

We explored variety of factors in relation to the level of importance that FtMs assigned to speech therapy in facilitating their ability to live as their true gender and to the whether they had previously sought speech therapy. Participants rated the importance of speech therapy as follows: 28.6% (n= 18) as "very unimportant," 20.6% (n=13) as "neither unimportant nor important", 15.9% (n=10) as "fairly unimportant", 14.3% (n=9) as "fairly important", 11.1% (n=7) as "very important," 6.3% (n=4) as "unimportant", and 3.2% (n=2) as "important." It should be noted that with the low number of participants, it is difficult to draw conclusions regarding what factors might have influenced participants seeking speech therapy as only eight participants (12.6%) had sought speech therapy and only four of those eight (n= 4/63; 6.3%) had actually attended.

DEMOGRAPHIC FACTORS

Age did not appear to have an influence on the level of importance that participants assigned to speech therapy, though higher rates of having sought speech therapy were seen for the 41-50 and 51-60 age ranges. Geographic location appeared to have some influence on the level of importance assigned with participants from the Western U.S., Europe, and Canada assigning higher levels of importance to speech therapy compared to participants from the Southern U.S., Midwestern U.S., and the Northeastern U.S.

Instances of having sought speech therapy were fairly evenly distributed across specific geographic regions. Geographic description (e.g. urban, suburban, or rural) appeared to have some influence with more importance assigned to speech therapy by participants from urban and suburban locations than from rural locations, though instances of having sought speech therapy were fairly evenly distributed across geographic descriptions.

Participants who first began participating in trans-related services as part of their transition process between the ages of 18 and 30 assigned considerably higher levels of importance to speech therapy services compared to the other age ranges, though instances of having sought speech therapy was slightly lower for this age range than the others.

GENDER-RELATED FACTORS

Regarding gender identity, only three participants identified their gender as something other than "male or primarily masculine," and although this is number is too small to determine significance, these three participants did not differ in how they rated speech therapy and if they had sought speech therapy.

Specific to their day to day life, seven participants indicated living as something other than "male" (e.g. "genderqueer, androgynous, or something other than male of female," "female," or "sometimes male, sometimes female") and, as a whole, they placed less importance on speech therapy than the majority group that indicated living as male in their day-to-day life, though instances of having sought speech therapy were similar.

How important the participants consider passing as their true gender may have an influence on how important they rank speech therapy, as the participants who indicated that passing was very important to them tended to rank speech therapy as more important than other participants. Importance of passing did not appear to have an influence on instances of participants having sought speech therapy.

HORMONE THERAPY-RELATED FACTORS

Though only seven respondents indicated that they had not used hormone therapy, none of the seven significantly differed in how they rated the importance of speech therapy or in the rate at which these participants had sought speech therapy as compared to the majority of the participants. This is surprising considering that FtMs who do not utilize male hormones do not experience the resulting pitch changes, and it would therefore seem more likely that these participants would place a greater value on speech therapy and be more likely to have sought it. One possible explanation for this is that the participants who elect not to take hormone therapy may be more resistant to participating in other types of therapy as well.

Although most participants who had sought speech therapy indicated being either moderately or completely satisfied with the resulting pitch change, 22.3% of these participants indicated being either moderately or completely unsatisfied with the pitch change resulting from hormone therapy. This figure, along with the fact that 11.1% of the total participants had elected to not use hormone therapy supports the need for

promoting greater awareness among FtMs regarding speech therapy and for including this population in future empirical research and literature regarding best practice as it supports the idea that hormone-related pitch changes are not sufficient to exclude this population from these efforts. Overall, the less satisfied that participants were with hormone-related pitch changes, the more likely they were to assign more importance to speech therapy. Participants who were unsatisfied with hormone-related pitch changes were significantly more likely to have sought speech therapy services.

SELF-RATINGS OF GENDER PRESENTATION

Overall presentation prior to beginning to transition did not appear to influence how participants rated the importance of speech therapy, nor did it seem to have any influence on whether they had sought speech therapy. Participants who reported having "very masculine" overall presentation at present actually tended to rate speech therapy as more important than participants who indicated having less masculine presentations. This is surprising as it seems that FtMs who already present as more masculine would find speech therapy to be less important in facilitating their ability to live as their true gender. One explanation of this could be that FtMs who desire to have maximally masculine presentations place more importance on anything that can enhance the masculinity of their presentation. Instances of having sought speech therapy were fairly similar across the different groups.

Only a slight tendency to rate speech therapy as more important was seen in participants who indicated that their voice prior to transition was "in line with their assigned gender at birth" or "very in line with their assigned gender at birth," and a modest trend was also observed in that participants who reported that their voice prior to transition was less in accordance with their true gender were more likely have sought speech therapy than other participants. No noticeable pattern was observed in how

participants rated their voice at present and how important they rated speech therapy. However, it was observed that no participants that had sought speech therapy indicated that their voice was in line with their assigned gender at birth to any degree. This trend along with the trend seen for voice prior to transition could reflect increased masculinization of the voice for patients who had sought speech therapy because they either attended speech therapy or were more aware of what areas they needed to address.

Participants' ratings of their nonverbal communication prior to transition did not appear to have any relationship with how they rated the importance of speech therapy nor whether or not they had sought speech therapy. Participants who rated their present nonverbal communication as being less in line with their true gender tended to rate speech therapy as more important than did other participants, though no pattern was seen between rating of current nonverbal communication and instances of having sought speech therapy.

Participants' rating of their social language use prior to transition did not appear to have any relationship with how they rated the importance of speech therapy nor whether or not they had sought speech therapy. Furthermore, participants' rating of their present social language use did not appear to have any relationship with how they rated the importance of speech therapy nor whether or not they had sought speech therapy. This finding likely supports our finding that less importance overall is placed on social language use in terms of passing as one's true gender.

PERSONAL EXPERIENCES

No observable pattern was seen in the relationship between how accepting participants reported that their family was of their trans identity or decision to transition and either how important they rated speech therapy or how likely they were to have sought speech therapy. The same lack of observable patterns was seen for how accepting

participants reported their close friends having been of their trans identity or decision to transition.

No observable pattern was seen across the total participant pool in the relationship between how often they perceive negative reactions from others as a result of their not passing as their true gender and how important they rate speech therapy. However, the small group of participants (n= 5) that reported that they frequently perceived these reactions rated speech therapy as more important than the other groups. Those participants who reported that they never perceived these reactions were more likely to have sought speech therapy than the participants' who indicated that they rarely or occasionally perceived these reactions. All of these participants were more likely to have sought speech therapy than those participants who indicated that they frequently perceived negative reactions. While the number of participants who actually attended speech therapy was small (n= 4), it is worth noting that all four of these participants indicated that they never perceived negative reactions from others as a result of not passing. Though this is a small sample, it does provide support for the efficacy of speech therapy with FtM clients.

A relationship was seen between the participants that indicated that they felt their voice, nonverbal communication, and/or social language use could have contributed to negative reactions and how they rated speech therapy as well as whether or not they had sought speech therapy. On average, participants that indicated that they thought one or more of these areas contributed to these negative reactions rated speech therapy as considerably more important and had sought speech therapy at considerably higher rates than seen across the entire participant pool.

Transgender friends and contacts did not appear to have any significant influence on the participants' desire to pass or seek speech therapy. It was difficult to determine if

other aspects of the participants' personal background and culture that they felt contributed to their desire to pass as their true gender had any relationship to how they rated the importance of speech therapy or if they had sought speech therapy. Few respondents provided specific aspects and none of the aspects were included by enough participants to draw any reasonable conclusions.

How aware are FtMs of the availability and scope of speech therapy services in relation to passing as their true gender?

Over half of the participants (n= 38 out of 62 participants who answered this questions; 61.2%) indicated being aware of speech therapy as part of the transition as part of the transition process. However, of these participants no more than 50% were aware of these services for FtMs considering that seven participants indicated in the "other (please specify)" option that they were only aware of these services for MtFs. It is possible that 50% is an inflated figure for how many of these participants are aware of speech therapy as an option for FtMs as we cannot know with any certainty whether those who simply answered "yes" knew about speech therapy for FtMs as well as MtFs. As we hypothesized, a considerable proportion of participants were not aware of speech therapy as part of the transition process; future efforts should to be made to ensure that awareness of these services is increased in the FtM population.

AWARENESS OF SCOPE OF SERVICES

Caution should be taken in interpreting the results to this question. It is unclear whether the question was misinterpreted by many of the participants (see discussion of Limitations). As we hypothesized, a narrow view of the extent of these services relative to facilitating passability was found with only seven participants (11.1%) citing one or more concrete areas that can be addressed in speech therapy as part of the transition process. These participants only cited areas related to voice; no participants cited areas

of nonverbal communication or social language use. This supports the need to increase awareness among FtMs of the full scope of speech therapy as part of the transition process.

HOW THEY BECAME AWARE OF SERVICES

The majority of the participants who were aware of speech therapy as part of the transition process were made aware of it by online sources or transgender support groups. Only one respondent indicated having learned about speech therapy from their psychotherapist and no participants had learned about speech therapy from their physician. This is surprising as psychotherapists and physicians are main points of contact in the transition process. Future research should explore the knowledge of psychotherapists and doctors who work with transgender clients regarding speech therapy as part of the transition process. It could be that psychotherapists and physicians do not discuss speech therapy with FtMs because they are of the opinion that hormone therapy rules out the need for speech therapy or it could be that they are unaware of these services in general. Efforts to increase the awareness of psychotherapists and physicians in regards to these services should be made.

AWARENESS RELATIVE TO DEMOGRAPHIC FACTORS

Awareness of speech therapy did not appear to have a significant relationship with age. Participants from the Northeastern U.S. and Europe reported higher levels of awareness than participants from the Western U.S., Southern U.S., Midwestern U.S., and Canada, though the numbers of participants from some regions were too small to draw reliable conclusions.

WHY THERAPY WAS SOUGHT

All eight participants who had sought speech therapy indicated that they had sought these services to make their voice more characteristic of their true gender. Three of these eight participants also indicated that they had sought therapy to make their nonverbal communication and social language use more characteristic of their true

gender. The majority of these participants only seeking speech therapy for their voices could reflect a lack of awareness that speech therapy can also address other areas. This assumption is supported in the response of one participant who had a voice analysis and was told that speech therapy was not needed. He further reported that he had no idea that non-verbal communication was an area of speech therapy.

WHY THERAPY WAS NOT SOUGHT

While some participants indicated that they had not sought speech therapy because they were satisfied with their presentation or did not think these services would be relevant to them, other respondents provided considerations that are of critical concern to our field. Thirty participants indicated that they had not sought these services because they were not aware of these services or they were not aware of the breadth of these services; yet another red flag that awareness of speech therapy for FtMs needs to be addressed. Seventeen participants indicated that they had not sought speech therapy because they could not afford it. Group therapy sessions are an option to keep costs down for clients while still providing effective intervention and can reduce the number of individual sessions needed (Mourdant, 2006a). Therapists should consider some group sessions to decrease the number of individual sessions needed for these clients whenever possible to help make speech therapy a viable option for more clients. Six participants reported in the "other- please specify" section that they could not find a therapist in their area that worked with FtMs suggesting that we need to further our clinical training or at least provide a nationwide referral network so that these clients who are interested in therapy are in fact able to secure it. One participant reported in the "other-please specify" option that he was concerned that speech therapy could contribute to upholding conventional gender roles. This is an important point to consider, as many FtMs may want to avoid upholding conventional gender roles.

SATISFACTION WITH THERAPY

Three of the four participants that attended speech therapy indicated that they were moderately satisfied with the services that they received, and the remaining participant indicated that he was moderately unsatisfied. While none of these participants indicated that they were unsatisfied as a result of the clinician's level of knowledge regarding therapy for transgender clients, it is possible that their clinician may have focused solely on what the literature suggests is critical rather than determining client preference. Future research should explore clinicians' understanding of the needs and preferences of this population as increased knowledge would only serve to increase client satisfaction.

Additional findings

Several of the responses to the open-ended questions included comments that featured points of view that we felt were worth discussing. Some of these answers were irrelevant or tangential to the question asked but still provided interesting perspectives of value to evidence-based practice with this unique population.

One respondent provided an answer that provided insight into how wanting to change their voice does not necessarily reflect a traditional desire to pass: "The idea of 'passing' is somewhat demoded in my circle of trans friends. I suppose that people try more to build a supportive network of people who understand their gender identity, rather than changing to fit the world's expectations; capitulation to gendered norms was, after all, part of the cause of gender dysphoria in the first place. Most trans people I know experience dysphoria about their voice but this isn't often about passing, as a large part of dysphoria often resides in your relationship with your own body." While this respondent indicated that passing as his true gender was "important" for him, he brings up an interesting point that might apply to other transgender persons and their desire to pass. Speech therapists should keep in mind that FtM clients may seek speech therapy despite

not having a lot of concern about passing but rather are seeking speech therapy to feel comfortable internally with their voice and communication.

One participant reported that "I often get perceived as a gay man, which fits my sexuality, so this isn't an issue. This is often because of my non-verbal communication—most of which I learned from being raised female. So more 'feminine' body movement with a more masculine appearance actually fits my gender and sexual identity. I assume this might be an issue for other transgender (FtM) men. However, I often get perceived as female on the phone. This is actually quite frustrating for me and is something I think speech therapy could help with." This participant's perspective is important for SLPs to consider, as we cannot assume all FtM clients will want to masculinize all aspects of their communication. Instead, we should be careful to focus only on those characteristics that are in distinct discord with how they want to present.

Limitations

Despite the advantages of using the internet to conduct research with populations who may prefer to have anonymity, limitations in utilizing internet research do exist. First, the survey used in the present study was only accessible to individuals who had access to a computer and possessed internet navigation skills. Second, it is difficult to obtain a random sample as participants chose to take the survey or not. This resulted in a reasonably varied, but nonetheless self-selected, sample. The randomization of our sample was also limited to the venues through which we recruited participants. Participants were likely to belong to a transgender support group, have transgender friends or contacts, or follow transgender blogs and websites. It is possible that FtMs who are less involved with the trans community or do not have trans contacts would provide different answers to this survey. However, access to that population is challenging if not impossible given the desire to remain anonymous remains a confounding variable for all transgender research. Finally, as is the case with all survey research, there were some questions that the participants' may have misunderstood or

some for which they provided tangential responses.

Conclusions

FtMs appear to find voice qualities to be the most important for passing as their true gender, followed by nonverbal communication and social language use. Within the area of voice qualities, participants ranked the following factors from most to least important: pitch, intonation, breathiness, loudness, articulation, and duration. Within the area of nonverbal communication, participants ranked the following factors from most to least important: posture and body positioning, gestures, facial expressions, eye contact, touching during conversation, and proximity during conversation. Within the area of social language use, participants ranked expressions used as slightly more important than words used. These broad categories followed by within category rankings can be used by SLPs as a guide to what this population tends to find the most important for presentation as their true gender; it provides a starting point and suggestions for clients as not all clients will enter therapy knowing exactly which treatment area/s they want to address. However, as is the case with planning for any client, individual variations exist and clinicians should be aware that they might have clients that differ substantially in how they would rank these areas. As found in the present study, even FtMs who seek speech therapy may not wish to masculinize all areas of communication. Additionally, gender-associated norms of language are constantly shifting and can be highly specific to culture, age, and socio-economic class, among other factors (Davies & Goldberg, 2006).

The following factors stood out as possibly contributing to how important FtMs find speech therapy in regards to facilitating their ability to live as their true gender: desire to pass, satisfaction with hormone related pitch changes, current overall presentation, and whether they indicated that they felt their voice, nonverbal communication, and/or social language use contributed to instances of not passing. The

factors that appear to possibly contribute to how likely FtMs are to have sought speech therapy, include: satisfaction with hormone related pitch changes, voice prior to transition, and whether they felt their voice, nonverbal communication, and/or social language use contributed to instances of not passing. It is important to remember however that the life experiences of clients from this population will vary greatly and so will their reasons for seeking speech therapy services.

Overall, FtMs have little awareness of speech therapy as part of the transition process, particularly for FtMs. Almost half of the participants in the present study indicated that they had not sought speech therapy services because they were not aware of these services or of the scope of these services. Increasing awareness among this population is imperative, and speech language pathologists should consider it their ethical obligation to increase awareness of these services by reaching out to appropriate organizations and professions. Organizations and professions that work with FtMs should also try to increase awareness of these services for FtMs; this is supported by our finding that only one participant had been informed of speech therapy by their psychotherapist and no participants had been informed by their physician. Whether or not FtMs decide that they could benefit from speech therapy services, having an adequate awareness of these services is essential to making an informed decision.

Future research should consider addressing the clinical preferences and best clinical practices of the FtM population as well as the MtF population. As our results have shown, not all FtMs elect to use hormone therapy and some FtMs will not be satisfied with pitch changes as a result of hormone therapy. Overall the less satisfied participants were with hormone-related pitch changes, the more importance they assigned to speech therapy and the more likely it was that they had previously sought speech therapy. FtMs place varying, but existing, importance on other aspects of speech and language. For these reasons, clinical texts and empirical research should forgo assumptions that the pitch of FtMs will be physiologically reduced via hormone therapy

to a satisfactory level and thoroughly explore other areas of speech and language (e.g. nonverbal communication and social language use) in order to fully serve the FtM population.

Appendix A: Survey Questions

1. Do you agree to participate in this survey?
   - ☐ Yes
   - ☐ No

2. What is your current zip code?

3. Which best describes your geographical location?
   - ☐ Urban
   - ☐ Suburban
   - ☐ Rural

4. Do you consider yourself to be trans (transgender, transsexual, genderqueer, or a person with a history of transitioning to your true gender)
   - ☐ Yes
   - ☐ No
   - ☐ Other (please specify)

5. Please indicate your assigned gender at birth:
   - ☐ Male
   - ☐ Female
   - ☐ Intersex

6. Which gender do you most identify with now?
   - ☐ Male or primarily masculine
   - ☐ Female or primarily feminine
   - ☐ Both male and female
   - ☐ Neither male nor female

7. What gender do you currently live as in your day-to-day life?
   - ☐ Male
   - ☐ Female
   - ☐ Sometimes male, sometimes female
   - ☐ Genderqueer, androgynous, or something other than male or female

8. Have you undertaken any of the following to transition to your true gender? Check all that apply.
   - ☐ Psychotherapy or counseling
   - ☐ Hormone therapy
   - ☐ Hair removal (electrolysis or laser)
   - ☐ Mastectomy or chest reconstruction (an operation to remove breasts or construct a male chest)
   - ☐ Breast augmentation (an operation to make breasts larger using implants)
   - ☐ Any operations to remove or modify reproductive organs and/or genitalia (such as a

hysterectomy, oophorectomy, metoidioplasty, phalloplasty, orchiectomy, or vaginoplasty)
- ☐ None of the above, but I would like to or plan to in the future
- ☐ None of the above, and I'm not sure yet if I will do so in the future
- ☐ None of the above, and I don't plan to in the future because I prefer a "natural transition" (utilizing things like naturally modified voice and social behavior, fashion, nutrition, exercise, etc. to reach a comfortable outward gender expression)
- ☐ None of the above, and I don't plan to in the future because I feel like I can adequately express my true gender identity without utilizing therapeutic, hormonal or surgical intervention

9. If you have utilized any of the above procedures or approaches, at what age did you begin using them?
- ☐ before age 18
- ☐ 18-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 60+

10. What is your current age?
- ☐ 18-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 60+

11. How feminine or masculine would you consider your presentation before beginning to transition?
- ☐ Very feminine
- ☐ Feminine
- ☐ Fairly Feminine
- ☐ Neither masculine nor feminine
- ☐ Fairly masculine
- ☐ Masculine
- ☐ Very masculine
- ☐ Other (please specify)

12. How feminine or masculine would you consider your current presentation?
- ☐ Very feminine
- ☐ Feminine
- ☐ Fairly Feminine
- ☐ Neither masculine nor feminine
- ☐ Fairly masculine
- ☐ Masculine

- ☐ Very masculine
- ☐ Other (please specify)

13. What speech therapy services are you aware of as being available to transgender individuals in facilitating presentation as their true gender? Provide as many areas as you can.

14. How important is it to you to pass as your true gender?
- ☐ Very unimportant
- ☐ Unimportant
- ☐ Fairly unimportant
- ☐ Neither unimportant nor important
- ☐ Fairly important
- ☐ Important
- ☐ Very important

15. Please rank the following characteristics in order of importance in terms of being perceived as your true gender? Click on an item box and hold to move the options into the rank order that you desire. (1 indicates most important)
- ☐ voice qualities (i.e. pitch, breathiness, intonation, loudness, articulation, and duration)
- ☐ nonverbal communication (i.e. facial expression, gestures, posture/body positioning, eye contact, touching during conversation, and proximity during conversation)
- ☐ social language use (i.e. specific words and verbal expressions used)

16. Please rank the following vocal qualities in order of importance in terms of being perceived as your true gender. Click on an item box and hold to move the options into the rank order that you desire. (1 indicates most important)
- ☐ Pitch (the perception of highness or lowness of one's voice)
- ☐ Intonation (the rise and fall of the voice during speech)
- ☐ Breathiness
- ☐ Loudness
- ☐ Articulation (women typically produce individual sounds with less effort while men produce individual sounds with more effort)
- ☐ Duration (a longer duration of voicing during phrases and isolated words and lingering on occasional vowel sounds is considered a more feminine pattern)

17. Please rank the following nonverbal communication skills in order of importance in terms of being perceived as your true gender. Click on an item box and hold to move the options into the rank order that you desire. (1 indicates most important)
- ☐ Facial Expressions
- ☐ Gestures
- ☐ Posture & Body Positioning
- ☐ Eye Contact

- ☐ Touching (women typically touch their speaking partners more often than men)
- ☐ Proximity (men typically stand closer to their speaking partners than women)

18. Please rank the following social language use characteristics in order of importance in terms of being perceived as your true gender. Click on an item box and hold to move the options into the rank order that you desire. (1 indicates most important)

- ☐ Specific words used
- ☐ Expressions used

19. Prior to transition, how in line with your true gender would you rate your voice (i.e. pitch, breathiness, loudness, intonation, articulation, and duration)?

- ☐ Very in line with my true gender
- ☐ In line with my true gender
- ☐ Somewhat in line with my true gender
- ☐ Neither in line with my true gender nor my assigned gender at birth
- ☐ Somewhat in line with my assigned gender at birth
- ☐ In line with my assigned gender at birth
- ☐ Very in line with my assigned gender at birth

20. At present, how in line with your true gender would you rate your voice (i.e. pitch, breathiness, loudness, intonation, articulation, and duration)?

- ☐ Very in line with my true gender
- ☐ In line with my true gender
- ☐ Somewhat in line with my true gender
- ☐ Neither in line with my true gender nor my assigned gender at birth
- ☐ Somewhat in line with my assigned gender at birth
- ☐ In line with my assigned gender at birth
- ☐ Very in line with my assigned gender at birth

21. Prior to transition, how in line with your true gender would you rate your nonverbal communication (i.e. facial expressions, gestures, posture/body positioning, eye contact, touching during conversation, and proximity during conversation)?

- ☐ Very in line with my true gender
- ☐ In line with my true gender
- ☐ Somewhat in line with my true gender
- ☐ Neither in line with my true gender nor my assigned gender at birth
- ☐ Somewhat in line with my assigned gender at birth
- ☐ In line with my assigned gender at birth
- ☐ Very in line with my assigned gender at birth

22. At present, how in line with your true gender would you rate your nonverbal communication (i.e. facial expressions, gestures, posture/body positioning, eye contact, touching during conversation, and proximity during conversation)?

- ☐ Very in line with my true gender
- ☐ In line with my true gender
- ☐ Somewhat in line with my true gender

- ☐ Neither in line with my true gender nor my assigned gender at birth
- ☐ Somewhat in line with my assigned gender at birth
- ☐ In line with my assigned gender at birth
- ☐ Very in line with my assigned gender at birth

23. Prior to transition, how in line with your true gender would you rate your social language use (i.e. specific words and expressions used)?

- ☐ Very in line with my true gender
- ☐ In line with my true gender
- ☐ Somewhat in line with my true gender
- ☐ Neither in line with my true gender nor my assigned gender at birth
- ☐ Somewhat in line with my assigned gender at birth
- ☐ In line with my assigned gender at birth
- ☐ Very in line with my assigned gender at birth

24. At present, how in line with your true gender would you rate your social language use (i.e. specific words and expressions used?

- ☐ Very in line with my true gender
- ☐ In line with my true gender
- ☐ Somewhat in line with my true gender
- ☐ Neither in line with my true gender nor my assigned gender at birth
- ☐ Somewhat in line with my assigned gender at birth
- ☐ In line with my assigned gender at birth
- ☐ Very in line with my assigned gender at birth

25. Prior to agreeing to participate in this survey, did you have an awareness of the availability of speech therapy services as an option for transgender persons as part of the transitioning process? If yes, indicate how you learned about it. Check all that apply.

- ☐ No
- ☐ Yes, from my physician
- ☐ Yes, from my psychotherapist
- ☐ Yes, from a transgender support group
- ☐ Yes, from online resources
- ☐ Yes, from an acquaintance
- ☐ Other (please specify)

26. Have you sought speech therapy to support your desire to pass as your true gender?

- ☐ No
- ☐ Yes

27. If you have sought speech therapy, what areas did you seek therapy for? Check all that apply.

- ☐ Not applicable as I have not sought therapy
- ☐ To make my voice more characteristic of my true gender (i.e. pitch, breathiness, intonation, loudness, articulation, and duration)

- ☐ To make my nonverbal communication more characteristic of my true gender (i.e. facial expressions, gestures, posture/body positioning, eye contact, touching during conversation, and proximity during conversation
- ☐ To make my social use of language more characteristic of my true gender (i.e. specific words and expressions used)
- ☐ Other (please specify)

28. If you have participated in speech therapy, how satisfied were you with the services that you received?

- ☐ Not Applicable
- ☐ Completely Unsatisfied
- ☐ Moderately Unsatisfied
- ☐ Moderately Satisfied
- ☐ Completely Satisfied

29. If you were unsatisfied with these speech therapy services, do you feel that your lack of satisfaction was a result of the speech therapist's level knowledge regarding therapy for transgender individuals?

- ☐ Not Applicable
- ☐ No
- ☐ Yes

30. If you have not sought speech therapy, please indicate why. Check all that apply.

- ☐ Not Applicable
- ☐ I was not aware of these services
- ☐ I was not aware of the breadth of these services
- ☐ I don't think I would feel comfortable receiving speech therapy
- ☐ I don't think speech therapy would be useful for me
- ☐ I am satisfied with my presentation relative to my true gender
- ☐ I can't afford speech therapy
- ☐ I was refused service by a speech therapist
- ☐ Other (please specify)

31. How important do you consider speech therapy as facilitating your ability to live as your true gender?

- ☐ Very unimportant
- ☐ Unimportant
- ☐ Fairly unimportant
- ☐ Neither unimportant not important
- ☐ Fairly important
- ☐ Important
- ☐ Very important

32. How satisfied were with you pitch changes that resulted exclusively from hormone therapy? (For Male to Female participants, please indicate “not applicable.”)

- ☐ Not Applicable

- ☐ Completely Unsatisfied- no noticeable pitch change
- ☐ Moderately Unsatisfied- insufficient pitch change
- ☐ Moderately Satisfied- considerable pitch change
- ☐ Completely Satisfied- desired pitch change was reached

33. How accepting was your family as a whole of your trans identity and/or decision to transition?

- ☐ Very unaccepting
- ☐ Unaccepting
- ☐ Fairly unaccepting
- ☐ Neither unaccepting nor accepting
- ☐ Fairly accepting
- ☐ Accepting
- ☐ Very accepting

34. How accepting were your close friends regarding your trans identity and/or decision to transition?

- ☐ Very unaccepting
- ☐ Unaccepting
- ☐ Fairly unaccepting
- ☐ Neither unaccepting nor accepting
- ☐ Fairly accepting
- ☐ Accepting
- ☐ Very accepting

35. How often do you perceive a negative reaction from others as a result of not passing for your true gender?

- ☐ Never
- ☐ Rarely
- ☐ Occasionally
- ☐ Frequently

36. If you ever perceive a negative reaction from others as a result of not passing for your true gender, do you feel like it has anything to do with the following areas? Check all that apply.

- ☐ Your voice qualities (i.e. pitch, breathiness, intonation, loudness, articulation, and duration)
- ☐ Your nonverbal communication (i.e. facial expressions, gestures, posture/body positioning, eye contact, touching when speaking, and proximity during conversation)
- ☐ Your social language use (i.e. specific words and expressions used)
- ☐ None of the above
- ☐ Other (please specify)

37. Do you have a group of friends or support group contacts who are also transgender? Please explain any impact that these persons might have had on your desire to pass and

any impact that they may have had on your decision or likelihood to seek speech therapy as part of the transition process.

38. What other aspects of your personal background and culture do you think may have contributed to your level of desire to pass as your true gender? Please be as specific as you wish, this can include areas including but not limited to your education level achieved, current or preferred field of work, family's views, current or past religious affiliations, sexual orientation, race, ethnicity, nationality, disability, or socioeconomic status.

Appendix B: Rate of Response per Item

Table 1: Number of responses per item.

Item Number	Total Respondents
1	63
2	63
3	63
4	63
5	63
6	63
7	63
8	63
9	63
10	63
11	63
12	63
13	63
14	63
15	63
16	62
17	62
18	60
19	62
20	63
21	62
22	61
23	62
24	62
25	62
26	63
27	61**
28	63
29	63
30	62
31	63
32	63
33	63
34	61
35	63
36	58**
37	46*
38	49*

*open-ended question that did not require an answer

**skipped marking an answer instead of using N/A (determined by response to previous question

Appendix C: Contacts

List of listservs and trans-related organizations contacted (personal contacts were not included for privacy reasons)

International Foundation for Gender Education

Gender Education and Advocacy

TransOhio

Richard Adler, Moorehead University

Trans DC Coalition

Ingersoll Gender Center

Moorehead State University Transgender Support Group

University of Iowa Speech Center

University of North Caroline at Greensboro Speech Center

Transgender Education Network of Texas

National Center for Transgender Equality

University of Texas Gender & Sexuality Center

L'GASP

Utah Pride Center

Gender Odyssey

Audre Lorde Project

Transgender Foundation of America

Keshet

Mid Hudson Valley Transgender Association

Connecticut Outreach Society

Renaissance Greater Philadelphia Chapter

Transgender Law Center

Central Texas Transgender Society

Gender Alliance of the South Sound

Appendix D: Consent Form

IRB APPROVED ON: 11/30/2012 EXPIRES ON: 11/29/2013 Cover Letter for Internet Research

You are invited to participate in a survey, entitled "Evaluation of Clinical Needs of Transgendered Populations" The study is being conducted by Regina Ramon, B.S. and Elizabeth Hobbs, B.A. from the Communication Sciences and Disorders department of The University of Texas at Austin, 1 University Station A1100, Austin, Texas 78712-0114, (512) 232-9426, reginaramon@utexas.edu and elizabeth.hobbs@utexas.edu.

The purpose of this study is to examine **the needs of the transgender speech therapy client** and to examine **what factors might contribute to a transgendered individual seeking speech therapy**. Your participation in the survey will contribute to a better understanding of **how speech-language pathologists can best serve the transgender community** and **what influences members of the transgender community to seek these services.** We estimate that it will take about **ten-fifteen minutes** of your time to complete the questionnaire. You are free to contact the investigators at the above address and phone number to discuss the survey.

Risks to participants are considered minimal. There will be no costs for participating, nor will you benefit from participating. Identification numbers associated with email addresses will be kept during the data collection phase for tracking purposes only. A limited number of research team members will have access to the data during data collection. This information will be stripped from the final dataset.

Your participation in this survey is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time without penalty. If you wish to withdraw from the study or have any questions, contact the investigators listed above.

If you have any questions or would like us to email another person for your institution or update your email address, please call **Regina Ramon** or **Elizabeth Hobbs** at (512) 232-9426 or send an email to **reginaramon@utexas.edu** or **elizabeth.hobbs@utexas.edu.** You may also request a hard copy of the survey from the contact information above.

To complete the survey, click on the link below:
[HTTP://LINK TO SURVEY URL]
The password for the survey is **[PASSWORD]**.

If you do not want to receive any more reminders, you may email us at **reginaramon@utexas.edu** or **elizabeth.hobbs@utexas.edu** or follow this link to opt out of future emails **[HTTP://LINK TO REMOVAL URL]**.

This study has been reviewed and approved by The University of Texas at Austin Institutional Review Board. If you have questions about your rights as a study

participant, or are dissatisfied at any time with any aspect of this study, you may contact - anonymously, if you wish - the Institutional Review Board by phone at (512) 471-8871 or email at orsc@uts.cc.utexas.edu.

IRB Approval Number: **2012-10-0165**

If you agree to participate please answer “yes” to the question on this page, otherwise answer “no” or use the X at the upper right corner to close this window and disconnect.

Thank you.

Appendix E: Table of Participants

Table 2. List of participants and demographic characteristics

ID	Age	Zip Code	GL Region	GL Descriptor	GI Descriptor
1	31-40	33601	South	Urban	Male or primarily masculine
2	18-30	84117	West	Suburban	Male or primarily masculine
3	18-30	94706	West	Suburban	Male or primarily masculine
4	18-30	YO10 5GP	Europe- England	Suburban	Male or primarily masculine
5	18-30	11315	Northeast	Urban	Male or primarily masculine
6	41-50	94703	West	Urban	Male or primarily masculine
7	31-40	94702	West	Urban	Male or primarily masculine
8	41-50	94401	West	Suburban	Male or primarily masculine
9	41-50	80027	West	Suburban	Male or primarily masculine
10	51-60	92567	West	Rural	Male or primarily masculine
11	31-40	90814	West	Urban	Male or primarily masculine
12	60+	94805	West	Urban	Male or primarily masculine
13	31-40	02155	Northeast	Suburban	Male or primarily masculine
14	31-40	94609	West	Urban	Male or primarily masculine
15	51-60	33607	South	Urban	Male or primarily masculine
16	18-30	07014	Northeast	Urban	Male or primarily masculine
17	41-50	15205	Northeast	Suburban	Male or primarily masculine
18	41-50	55746	Midwest	Rural	Male or primarily masculine
19	18-30	78751	South	Urban	Male or primarily masculine
20	41-50	94110	West	Urban	Male or primarily masculine
21	41-50	63031	Midwest	Suburban	Male or primarily masculine
22	51-60	90504	West	Suburban	Neither male nor female
23	51-60	95817	West	Urban	Male or primarily masculine
24	41-50	(Canada)	Canada	Urban	Male or primarily masculine
25	51-60	91311	West	Suburban	Male or primarily masculine
26	51-60	06515	Northeast	Urban	Male or primarily masculine
27	18-30	14607	Northeast	Urban	Male or primarily masculine
28	41-50	94037	West	Suburban	Both male and female
29	41-50	98101	West	Urban	Male or primarily masculine
30	18-30	90025	West	Urban	Male or primarily masculine
31	51-60	68111	Midwest	Urban	Male or primarily masculine
32	60+	94591	West	Urban	Male or primarily masculine
33	31-40	92240	West	Suburban	Male or primarily masculine
34	18-30	10472	Northeast	Urban	Male or primarily masculine
35	51-60	06106	Northeast	Urban	Male or primarily masculine
36	51-60	BN2 3LT	Europe- England	Urban	Male or primarily masculine
37	51-60	95834	West	Suburban	Male or primarily masculine
38	18-30	93535	West	Suburban	Male or primarily masculine
39	41-50	30026	South	Suburban	Male or primarily masculine
40	18-30	83221	West	Rural	Male or primarily masculine

ID	Age	Zip Code	GL Region	GL Descriptor	GI Descriptor
41	41-50	30043	South	Suburban	Male or primarily masculine
42	18-30	97211	West	Urban	Male or primarily masculine
43	51-60	75605	South	Urban	Male or primarily masculine
44	41-50	01760	Northeast	Suburban	Both male and female
45	41-50	FY54BY	Europe- England	Surburban	Male or primarily masculine
46	51-60	80907	West	Urban	Male or primarily masculine
47	51-60	V6G2X9	Canada	Urban	Male or primarily masculine
48	18-30	02720	Northeast	Urban	Male or primarily masculine
49	18-30	60659	Midwest	Urban	Male or primarily masculine
50	41-50	85712	West	Urban	Male or primarily masculine
51	51-60	98310	West	Suburban	Male or primarily masculine
52	41-50	98281	West	Suburban	Male or primarily masculine
53	18-30	(Belgium +32)	Europe- Belgium	Urban	Male or primarily masculine
54	41-50	89408	West	Suburban	Male or primarily masculine
55	60+	28560	South	Suburban	Male or primarily masculine
56	51-60	94519	West	Suburban	Male or primarily masculine
57	31-40	28025	West	Urban	Male or primarily masculine
58	51-60	07716	Northeast	Suburban	Male or primarily masculine
59	41-50	01301	Northeast	Rural	Male or primarily masculine
60	41-50	11215	Northeast	Urban	Male or primarily masculine
61	31-40	11803	Northeast	Suburban	Male or primarily masculine
62	18-30	99208	West	Suburban	Male or primarily masculine
63	60+	06360	Northeast	Urban	Male or primarily masculine

Abbreviations: GL = Geographic Location; GI = Gender Identity
( ) = Location other than zip code given

Appendix F: Answer to Open-Ended Questions

Item #37: Do you have a group of friends or support group contacts who are also transgender? Please explain any impact that these persons might have had on your desire to pass and any impact that they may have had on your decision or likelihood to seek speech therapy as part of the transition process?

Responses by participant I.D.:

1- Negligible impact
2- Yes. All of my family and friends are supportive. Due to this support, I've never had any desire to "pass" as a cisgender male or female. I am proudly and openly transgender/genderqueer and have never desired speech therapy. I don't care if my voice is stereotypically cisgender male or female—it's my voice, and it's awesome the way it is.
3. The idea of "passing" is somewhat demoded in my circle of trans friends. I suppose that people try more to build a supportive network of people who understand their gender identity, rather than changing to fit the world's expectations; capitulation to gendered norms was, after all, part of the cause of gender dysphoria in the first place. Most trans people I know experience dsyphoria about their voice but this isn't often about passing, as a large part of dysphoria often resides in your relationship to your body.
4- (no reponse)
5- I have been blessed with a growing support network of trans and non-trans people throughout and "after" transition. When I first started hormones, the majority of transmen around me were very masculine and "straight-acting" and there was an initial unspoken pressure to conform. As I progressed, though, I became increasingly comfortable with my own sense of masculinity and felt less of a need to macho-it-up in my speech, body language, gestures, etc. It was a relief to come into my own!
6- Yes. None.
7- (no response)
8- (no response)
9- Early in my transition I felt it was very very important to "pass" in every sense of the word. I've grown into my own masculinity. Not all men are uber masculine, my brothers have high pitched giggles, and my best male friend touches everyone he talks to. There is no "male" box to be put into. I choose to be myself.
10- Was aware of it for MtFs but not FtMs.
11- (no response)
12- I'm in a support group. Changes in voice occasionally come up but no one has ever talked about speech therapy to my knowledge.
13- Yes, local support group and nonlocal friends were fantastic role models and showed me that passing was possible as well as the magnitude of changes that were possible with hormones and surgery. As far as I know, none of them had speech therapy and I am the only one I know who had voice analysis.
14- I suppose if trans friends have accessed speech services I might have been more aware of the possibilities.
15- No personal. The internet group is helpful about surgery and information.

16- None. Speech therapy isn't generally sought out by FtMs.
17- I do have trans friends but it was my wife who helped me with speech therapy.
18- None.
19- Yes, no impact.
20- I have sought contact with list-servs, support groups, films, books in an effort to find my truest way to express my gender.
21- (no response)
22- (no response)
23- Yes. Met them after I transitioned, so no impact.
24- I don't have friends or contact with FtM community.
25- Yes, none, none.
26- Not applicable.
27- I had support but none of these peers would have lead me to seek speech therapy. Online groups give more discussion to this.
28- No.
29- I have one or two trans friends. Until I went to the conference in Philly, I never knew you could really do anything with your voice. I think most people don't, except for tracheal for MtF.
30- (no response)
31- (no response)
32- Yes, but my desire to express my true gender as male pre-existed by decades my meeting others dissatisfied with their assigned gender. I no longer seek costly and disappointing minor improvements that still leave me feeling incomplete. My current efforts offered some relief, but I need to be born in a male body and will insist on that form of embodiment the next time I am presented with an opportunity to be conceived.
33- No trans groups or friends.
34- (no response)
35- I don't pass most often when I'm with my ex girlfriend who is much taller and heavier than I am. She is trans also and isn't extremely feminine so people sometimes assume we are lesbians and call us "ladies." I pass usually when with men, trans or otherwise, or on my own. I don't need speech therapy because it's my physical appearance that cues others that I'm not a "true" male, not my speech.
36- Yes. The group told me about the voice workshops.
37- I do know other trans people, and I suppose they may have had an impact on my decision not to seek speech therapy, as I felt I often had a much more male-sounding and looking presentation than many other guys, so I was lucky I did not need speech therapy.
38- I belong to several support groups. They haven't increased my desire to transition, but they have provided more information about certain therapies and procedures. I intend to undergo hormone therapy and expect it to be sufficient to change the pitch of my voice, but if it doesn't work I may consider speech therapy.
39- I have friends to talk to.
40- No.
41- (no response)
42- (no response)
43- Not applicable. I transitioned in the '80s. Speech therapy would have been very beneficial.

44- Yes, but I am also a musician and do not wish to alter my singing voice.
45- I belong to a Transman group and we help each other.
46- I rarely see other FtMs. My support group are mostly MtFs.
47- Yes, met them after transitioned…so not applicable.
48- (no response)
49- (no response)
50- (no response)
51- No support group of interaction until AFTER transition.
52- No.
53- (no response)
54- No.
55- Never discussed it.
56- No.
57- Several friends online & a local support group. We've discussed about how to lower your voice and male speech patterns. My voice continues to deepen but I want it as deep as possible with unquestionably male speech patterns. I'm never read as female over the phone or in person, but listening to my voice I know there's room for improvement.
58- No impact at all. I am at an age where it doesn't matter to me. If they have problems it is their issue.
59- Trans friends had little to nothing to do with my desire to pass. They have had no impact on seeking/not seeking therapy.
60- I have ftm friends that have had HRT longer than me and I'm envious of how their voice pitch makes such a huge difference in being perceived as their true gender. I'm only 3 months on T but have experienced pitch lowering and "cracking". But there is a way to go for me to vocally pass.
61- (no response)
62- Yes. They are beautiful and wonderful people. I wouldn't trade them for the world. If they proposed a wonderful speech therapist for men I would gladly go.
63- (no response)

Item #38: What other aspects of your personal background and culture do you think may have contributed to your level of desire to pass as your try gender? Please be as specific as you wish, this can include areas including but not limited to your educational level achieved, current or preferred field of work, family's views, current or past religious affiliations, sexual orientation, race, ethnicity, nationality, disability, or socioeconomic status.

Responses by participant I.D.:

1- Raised in a setting where gender strongly affected how one could expect to be treated, largely as a result of religion (Mormon).
2- I was raised in a low-income atheist family in Salt Lake City, Utah. My immediate family has never been homophobic - and, as I later discovered, also not transphobic. It has never been an issue in my family, and I've received a great deal of support. I believe that this is why I have never had the desire to "pass" as a cisgender or gender-conforming

person. I was always aesthetically androgynous, and it wasn't something I tried to be. I just was. Since my family was so supportive, when people reacted negatively, it didn't negatively impact my self-esteem. I just felt bad for them, and how limited their world would be by closing off exposure to the wonderful diversity that exists in our world. With my gender identity, people used feminine pronouns to refer to me - but, I would have been equally happy with masculine pronouns. Pronouns never became a part of my identity, and never have. I just found it peculiar that everyone outside of my family seemed to be so obsessed with the false "male" and "female" dichotomy. When I decided to transition, it had nothing to do with my gender identity. It had everything to do with something more similar to phantom limb syndrome and a template for body sex in my brain not being in sync with my anatomy. This became exemplified throughout puberty, and became more difficult to live with in my 20s. The barrier to transition was fear of losing my androgyny and queerness. But, the fusion of my brain wiring and anatomy has resulted in a great deal of comfort - and, because of appearing to be a cisgender male, I am now referred to by masculine pronouns. Still, I would be equally fine with feminine pronouns. Now, my desire to "pass" is to be as visible as a possible as a transgender person. People presume that others are cisgender, but this isn't always the case. Because of this, I participate on panels and am open with peers - just as anyone would be open about aspects of their experience.
3- It would have taken me longer to find the language and resources to understand my gender identity if I had not gone to university. Growing up, I felt that I had to live as female, and as an attractive and obliging female at that, or else I would be alone forever. This view partly comes from my Mother's cultural upbringing as a Ukrainian Catholic; the community in which she was raised seems misogynistic and patriarchal from my standpoint. I think I would have eventually found my way in life regardless of my social class, but it would have taken longer without an education in the humanities.
4- (no response)
5- I am now pursuing a law degree and on the one hand am grateful to pass easily as male, but also bothered by how difficult it is for my trans-fellows who don't pass as well and yet must endure this heteronormative professional field. Even though I was born and raised in southeast Texas, I did not feel any particular family or cultural pressure to embody a certain kind of masculinity.
6- None, I am a man and wish to be regarded as male.
7- I often get perceived as a gay man, which fits my sexuality, so this isn't an issue. This is often because of my non-verbal communication--most of which I learned from being raised female. So more "feminine" body movement with a more masculine appearance actually fits my gender and sexual identity. I assume this might be an issue for other transgender (FtM) men. However, I often get perceived as female on the phone. This is actually quite frustrating for me and is something I think speech therapy could help with.
8- I prefer to live my life without thinking about my gender or having it brought to my attention by others. Even 14 years after starting testosterone, my voice can crack or is pitchy, especially when I try to project loudly (calling the dog or cheering at a game).
9- (no response)
10- Confusing question.
11- (no response)

12- I was intensely aware of my true gender for the earliest I can remember. Nothing subsequent to that changed anything.
13- I'm very short, so was convinced for a long time that I would never pass. This kept me from transitioning for many years. Also, my job requires that I be trusted by relative strangers every day, so passing at least enough that it didn't make clients uncomfortable was crucial.
14- I'm just a guy. Regardless of my background, I just want to be seen for who I am.
15- I Spanish. I talk to people for different country and each Spanish country have a different way of verbal and body expression. Is important to keep in consideration with what kind of people the person is related. Ghetto, medium class, educated, etc.
16- Neither really. I am not run of the mill with any communities that I am apart of. I am not particularly religious, I am under the poverty level, I'm of majority African-American ancestry, i am a college student, and I identify as a gay man. however, I do not feel that any of them play a huge role in my beliefs or gender dysphoria.
17- I have a paramedic background which helped with my medical transition. Having a Speech Pathologist as a wife also help. Higher education/socioeconomic background big plus. And a family who were/are very accepting. Having these in my corner made my transition a smooth process.
18- Being FtM I will never be surgically "whole". It would be amazing to not sound like a female phone sex operator being post-op when I open my mouth and speak I lose any male respect I may have had.
19- Ethnicity: African American, socio-economic level: Upper Middle Class, education: post-graduate, geographic location: costal and liberal areas, sexual orientation: gay, occupation: graduate student.
20- I wanted to be successful at work (a plus in decision to transition, since I was a very butch dyke before), I felt it was likely I could pass well enough in my field (another plus), I knew my family wouldn't really support me (a minus), I worried about women being attracted to me as a man (minus) but was dissatisfied with my sex life as a female (plus). I'm sure other factors helped determine how I thought about things but those were the conscious factors.
21- (no response)
22- (no response)
23- I can't think of any external aspect that influenced me.
24- ?
25- My only concern was to be who I really am.
26- I'm an orthodox Jew living in a totally gender segregated community. It is absolutely unacceptable to be openly transgender here. I would be banned from all community gatherings both social and religious if anyone discovered that I am transgender.
27- Being Catholic made me think some family would not be accepting. Being lesbian I knew some other lesbians may not be supportive. I thought being white would make it easier and being upper middle class would make it easier financially to get surgeries paid for.
28- (no response)
29- Italian/Latins are more hairy, in general.
30- (no response)

31- Hung around bellydancers, playing drums. They are extremely female-centric. Kind of pushed me over the edge! :) Too much estrogen in one room. Had to be seen for who I really was.
32- None. The aspects listed vary independently of my true gender identity. Living it, for me, is not passing, though academics insist on that language, now popularized among transpeople. In fact, it seemed that I was passing when trying (and failing) to conform to the expectations associated with my gender assigned at birth. More than that my physiological sex just does not permit the full expression of my manhood.
33- The only reason I chose this path was for myself, to align my body and mind. I am confused as to why anyone would choose this path for any other reason. I hope I have read this question wrong and you are not inferring that someone would transition for any other reason.
34- I think based on my race as well as my family being an immigrant family my concept of "passing" when it came to social roles and cues were different than many of the other men I know who are American born and raised. Some things that were seen as "not masculine enough" by American standards were the norm by my family and their cultural standards.
35- I'd like to pass as male because I've lived most of my life as a butch dyke and want to experience life as a male/man. However, transitioning so late in life, I don't reap much benefit from being male and now have sort of screwed myself out of much possibility of ever being in a relationship. Passing as male won't fix the problem that I wasn't born male and very very few people want me as a lover. Passing better probably wouldn't alter that fact since eventually the person would have to be told I am trans
36- I wanted to pass in the workplace to avoid discrimination. And also for my own comfort of being comfortable in my own skin.
37- Although I always (since early childhood) felt I should have been born a boy, I did not know about the possibility of transitioning way back then in the 60s. Thankfully, my parents did not unduly force me to bend to gender roles; in fact, they seemed to "get" it. My parents were primarily blue collar, did not finish high school, and were both alcoholics and smokers, but they were both intelligent and tolerant Democrats and union members. I was the last of four children (my oldest sibling was born 21 years before me), so they may have mellowed a bit with me. They bought me a mini-bike and a BB gun, among other "guy" gifts, and didn't make me wear female clothes. I am thankful that I did not endure the kind of cruel family treatment received by so many guys who are born identified as females. Although my family was "sort of" Catholic (my much older siblings had gone through some of the processes), they were not actively religious by the time I was born and they never imposed any obligation or duty to follow in my siblings' footsteps or even to attend church. I felt very lucky to have my parents, as it would have been very unpleasant otherwise. I was tested in the 4th grade and found to have an IQ in the top 2% of the nation, and was placed in a gifted program, so that may have played a role in my parents being more accepting of me. Hell, I was really like an adult even as a child, as I was very independent, taking care of myself, as both my parents worked (my dad worked as a machinist during the day and my mom worked as a retail clerk, often later in the day or evening). My dad drank as soon as he got home, and my mom often didn't get home until much later, so I was pretty much on my own, which wasn't a problem, as I was very responsible. My dad died of liver cancer/cirrhosis when I was

almost 11. After that, my mom retired and stayed home with me. She drank too much for quite a few years, but was otherwise very supportive of me and allowed me to do what I felt best. She was actually very intelligent, despite her lack of formal education, and I always felt strong and respected. My mom died of Alzheimer's when I was 42. I was the only one in my family who did not start smoking and who did not drink heavily. In the late 70s, as I was becoming an adult, I had a relationship with a woman, so I "came out" as a lesbian, even though it was not quite the right label for me. In the 80s, I started hearing of people transitioning, but while I learned it was possible, it seemed very expensive (not realistic) and felt that it would probably result in the loss of all family and friends, in addition to causing even greater prejudicial treatment and potential hate attacks and violence than being viewed as a dyke. Between then and 2000, I graduated from college, worked, went to law school and got my JD, and finally got a "secure" job and bought a modest (HUD) home. By then, transitioning had become much more accepted and I also felt that I could no longer put it off, especially as so many guys with less than I had were pursuing their dreams of transitioning. After I turned 40 in 2001, I went through therapy and started my transition, including hormones and surgery (chest reconstruction and full hysterectomy). I have not been able to get my final genital surgeries done, due to becoming disabled and losing my job, as well as losing a great deal of equity in my home, which I was counting on to pay for my surgeries. Now, I am slogging through the appeals process for Social Security disability and living on food stamps, so I am not actively thinking about my final surgeries right now. My wish now is that my health insurance would actually cover all my medically necessary treatments, including surgery, so I wouldn't have to try to come up with the money on my own and end up dying in poverty, as a result. I have a fear of dying before I get at least some kind of lower (genital) surgery done, so that I look like I have male genitalia. A few years ago, an FtM friend of mine died unexpectedly and even though he had changed his ID to male, the coroner refused to identify him as male because he hadn't had lower surgery (although he had other surgeries) and his birth certificate had not been changed. I have always been very strong willed, and felt that I could make whatever I wanted to happen, through determination, intelligence, hard work, and the ability to get along with many kinds of people. Although I always had a level of depression that I believe must pretty much almost always accompany those with gender identity dysphoria, I achieved a great deal in my life. However, after becoming disabled and feeling abandoned by my "work family" due to being forced to leave my job, I began suffering from a great deal more depression. My chronic pain, disabilities, and several serious health conditions have contributed to my depression worsening even more since then. At this point in my life, my credit is maxed out, I have to borrow money in order to simply pay bills, and I am dependent upon food stamps. Thus, I have much less confidence in an ability to get my final surgeries done. At a time when my health is getting worse with each passing year, my concerns about how I will be treated upon death as a man without male-looking genitalia are increasing, as the potential for life-threatening conditions becomes more likely. Ironically, my concerns about how I would be treated after death have acted as a force that prevents any serious consideration of suicide, as I obviously do not want to die before I get my surgeries done. Paradoxically, I think if I got my surgeries done, I would probably be more likely to want to live, rather than less likely, so, it works as a positive factor either way.

38- Growing up in a religious family probably made me more anxious for the change. My parents wanted me to adhere to a traditional female gender role that I never wanted any part of. My education in the field of psychology has helped me explore my feelings and accept them in spite of great prejudice on the part of my family. I consider myself bi or omnisexual and I don't believe sexual orientation has any bearing on my gender identity. I consider myself lucky to have an accepting workplace. They changed my name gladly and with minimum hassle. I continue to be one of their top producing employees and this is the first job where I've felt valued by my employer. I was not out in any of my previous jobs. My family is LDS/Mormon. I no longer consider myself a member of the church, but I am still a Christian. My socioeconomic status has been an obstacle in transition as I cannot afford surgeries, therapy, or even transportation at times. I have been fortunate to find a therapist who is nearby, accepting, and who works on a sliding scale. I'm currently searching for a doctor who will help me transition. I've been searching for years. The two doctors I felt comfortable coming out to both turned me down for lack of knowledge in the area, or so they said. I think they were scared. Transition might be easier if I lived in the UK, as they have better overall medical care and transition is supposedly covered (though they do not have as many skilled surgeons). Doesn't every developed nation besides the US have better health care? We need to fix our system.
39- Was in therapy for depression. Talking led to discovery. Nothing held back decision. Only timeline was affected as information was gathered.
40- (no response)
41- (no response)
42- (no response)
43- Personal background or culture had nothing to do with my desire to transition. Since I should have been born male, transition was the way to correct the external problem. I have a bachelor's degree. I am a straight male and have been married to a female for 25 years.
44- Family of origin is completely unaccepting.
45- (no response)
46- I have Asperger's Syndrome, so some of your categories fit the syndrome more than they do any gender specific behaviors. As an Aspie, I do present autistic symptoms more like a male then as a female.
47- This question does not make sense to me. I need to be ME, what more is there to that. What my background, culture, etc., has nothing to do with me, in the area of trans.
48- My family are immigrant Portuguese and come from a culture of strict gender roles. My parents were very open and let me be who I wanted to be from a young age but my role models of men were all extremely stereotypical "masculine" so that probably influences the man I am today.
49- Religion and sexual orientation
50- My father required perfection and as a result, I am a type A personality and can be OCD about details.
51- Tired of trying to conform to birth gender. Would have transitioned sooner if knew as a young adult. However, I am well established in career and felt it was possible. If not now, when?
52- (no response)

53- None..it is what it is; just as much as being those who are born in the right body aren't "influenced" by these things. You just ARE male or female or not.
54- None.
55- While growing up in the 50's, I found many male characters in reading/movies/TV that I respected and admired and wished to be like. No female characters inspired me to feel like them. I don't know for sure if this is what made the difference as to how I identified, but it's the only really consciously-noticed factor I can recall.
56- I don't think much of my social world had much to do with my desire to transition. I simply felt the pulse of a gender other than the one I was assigned at birth to.
57- I just want to be known as male to everyone. I'm in my late 30's and don't want people to mistake my voice as a younger man's or a homosexual's voice. I don't mean to be offending, but since I'm heterosexual I don't want to be read differently. Aside from some mild voice work I think all other behaviors are male and don't need much improvement.
58- I just knew that I wasn't who I was supposed to be and at my age it is time to enjoy life the way it should have been.
59- Can't think of anything.
60- I desire to pass because it distresses me to be misgendered. I'm a successful professional and feel that although I've achieved a great deal of respect and admiration in my profession, I feel very disrespected when I'm misgendered. I've always been masculine appearing but the idea of being referred to a lady in social situations (restaurants, bars, etc.) or being treated as a lady by well-meaning males (elevators, doors etc.) is completely disturbing and stressful to me.
61- (no response)
62- I'm an INFP, so I have a very strong sense to adequately express who I truly am. (INFP is a temperament type by Dr. Keirsey and Myer-Briggs.)
63- (no response)

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Vita

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This thesis was typed by Elizabeth Hobbs Maurer.